



COP 2017 Approval Meeting Out-brief Democratic Republic of Congo

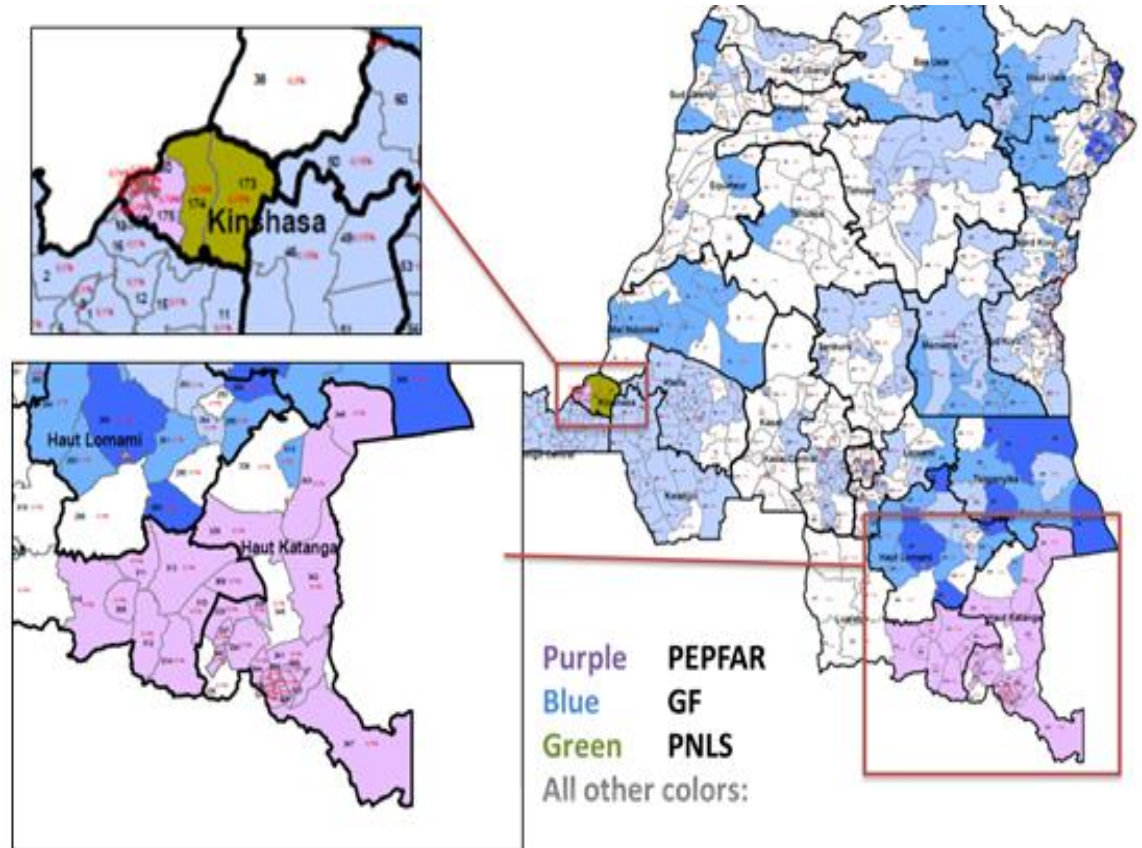
Saturday, April 29, 2017

The background of the slide features a dark, muted world map. A prominent red ribbon graphic, resembling a stylized 'X' or a folded piece of fabric, is positioned on the right side, partially overlapping the map. The text is centered in a white, sans-serif font.

Status Overview: COP 2016 implementation and country context

Policies Launched & Rationalization Complete

- National Treat All guidelines adopted and in roll-out since October 2016.
- Same day initiation scale up
- Task sharing protocol adopted
- Self testing pilot
- New optimized service delivery models:
 - PODI
 - Multi month dispensing



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

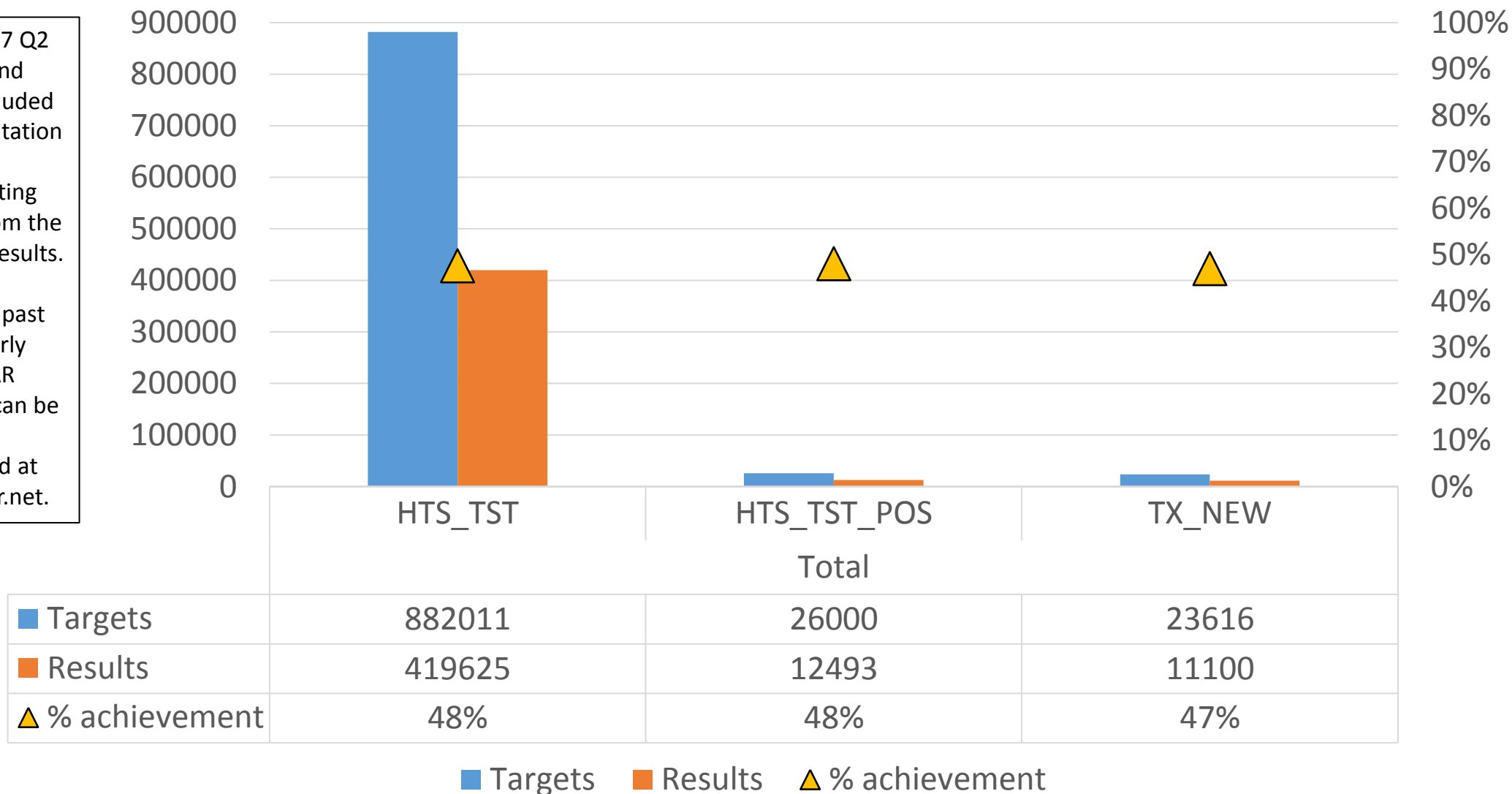


Global cascade results

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Q2 clinical cascade achievements: PEPFAR DRC

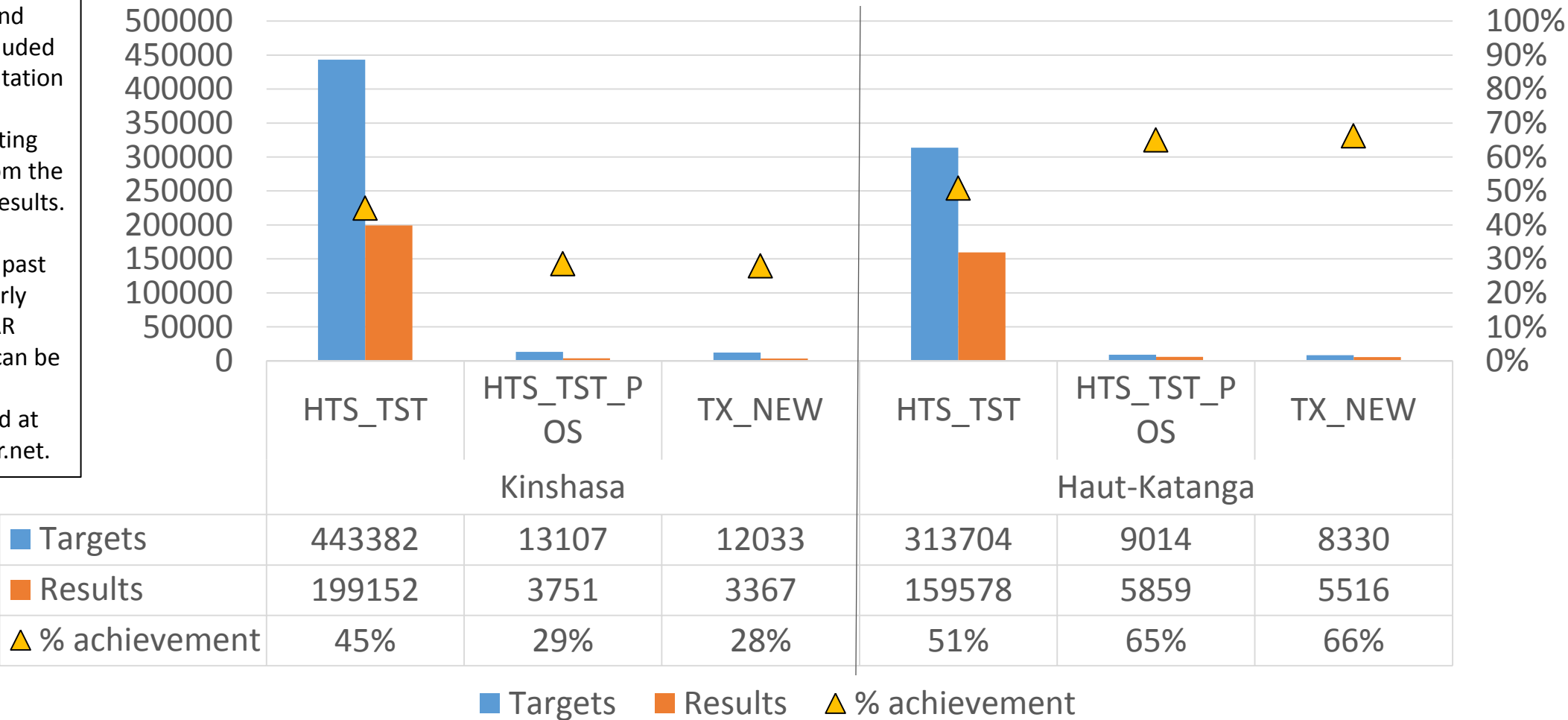
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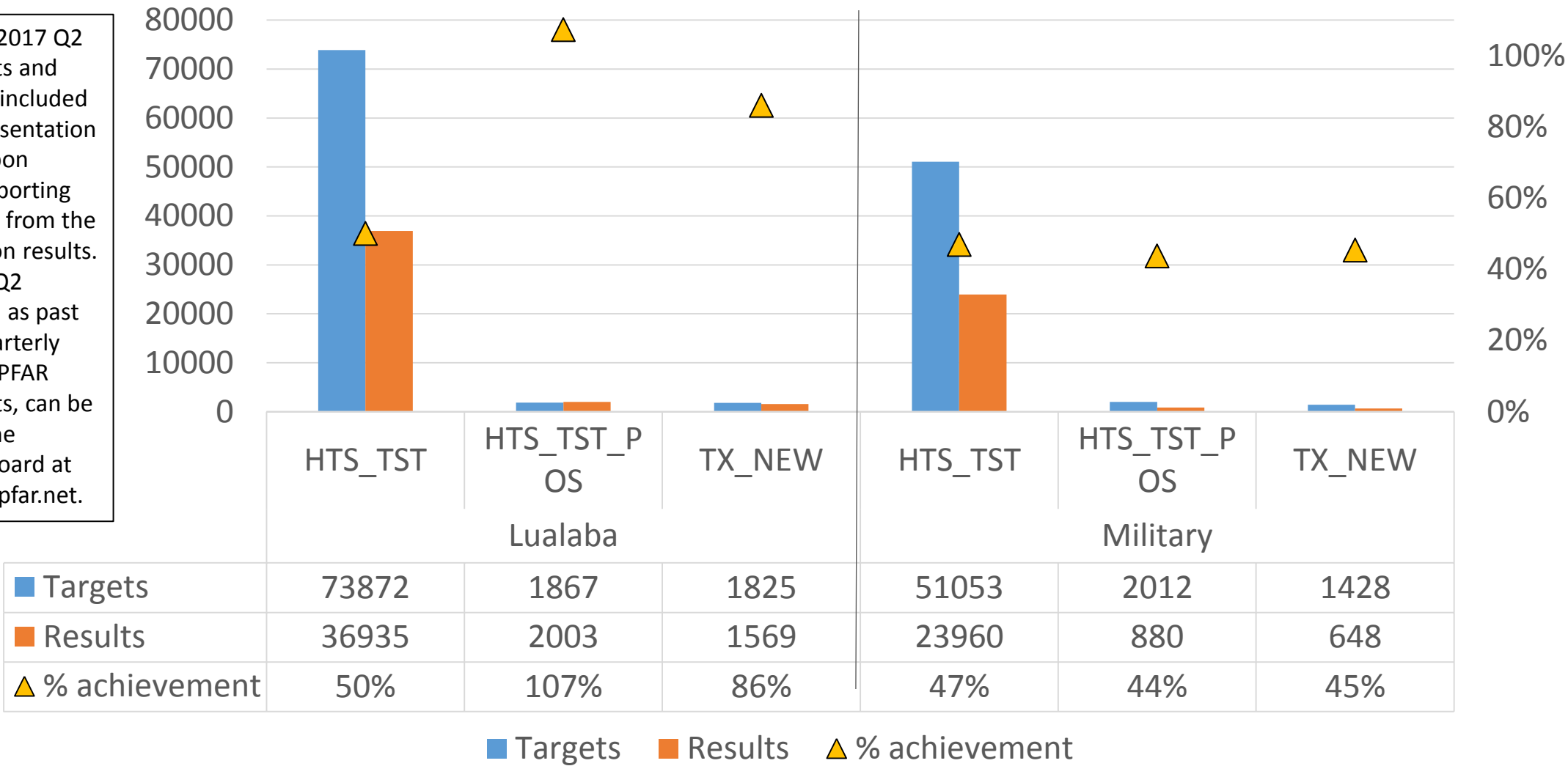
Q2 clinical cascade achievements: Kinshasa & Haut-Katanga

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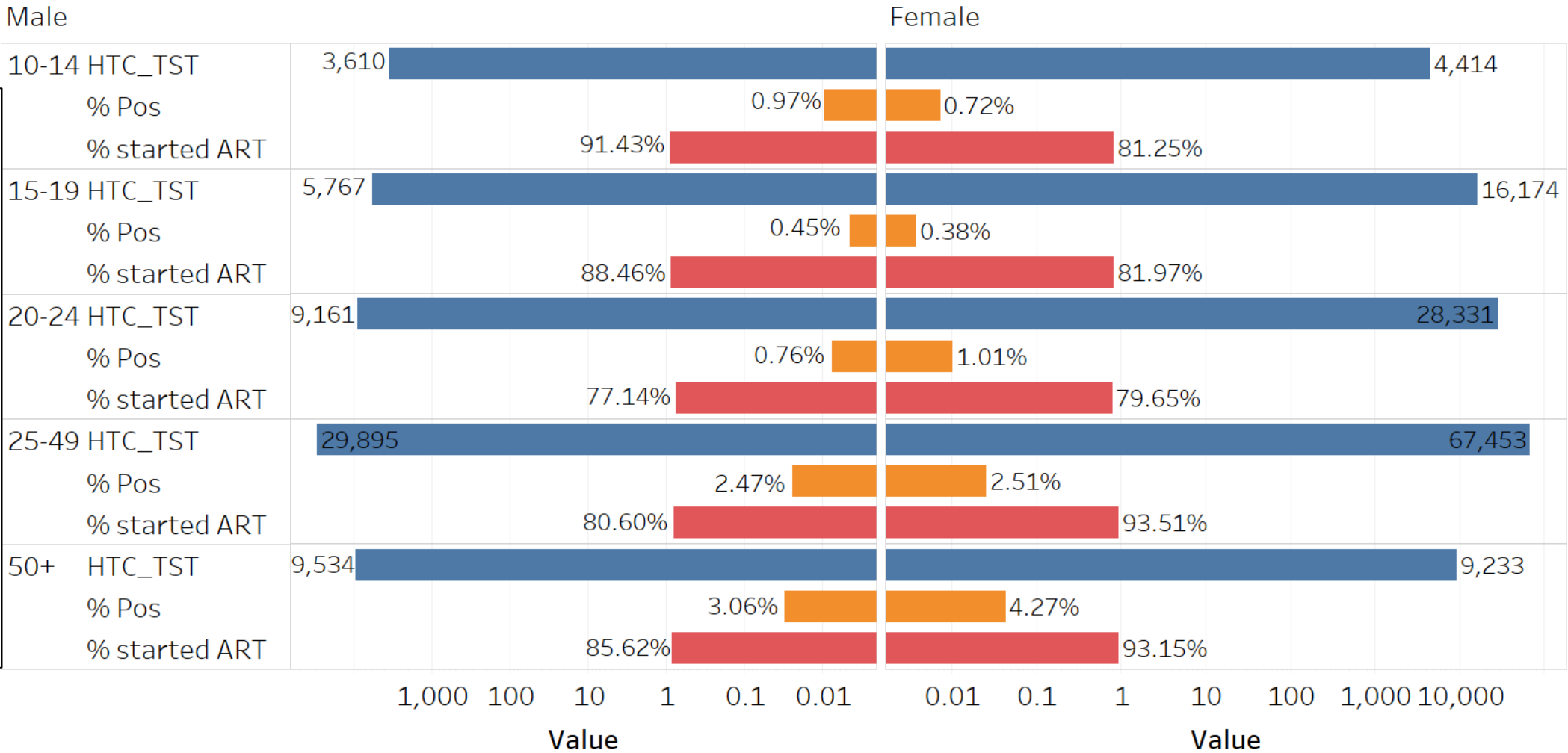
Q2 clinical cascade achievements: Lualaba & Military

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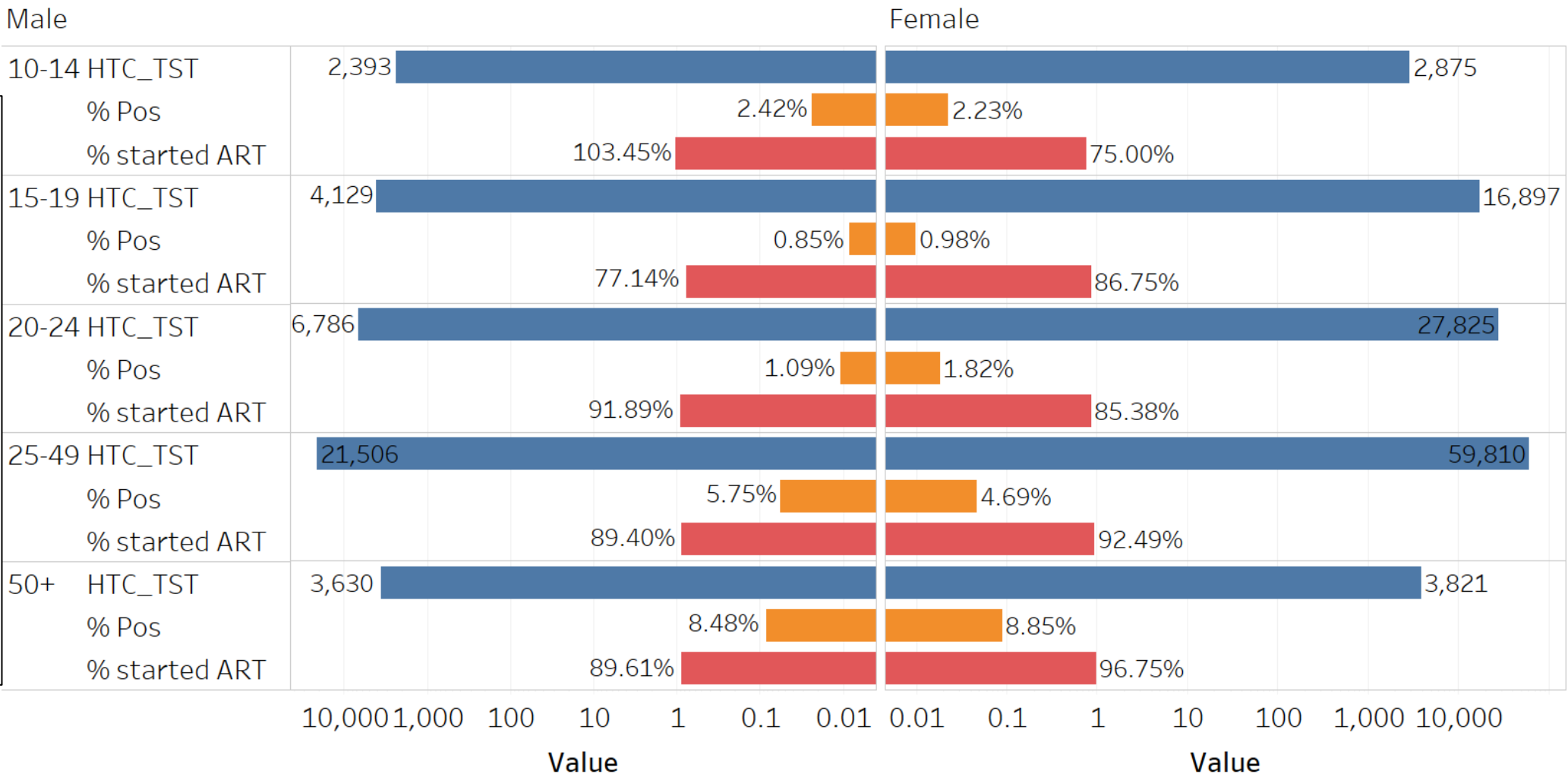
Clinical cascades by sex/age bands, Kinshasa, Q2 (log scale)

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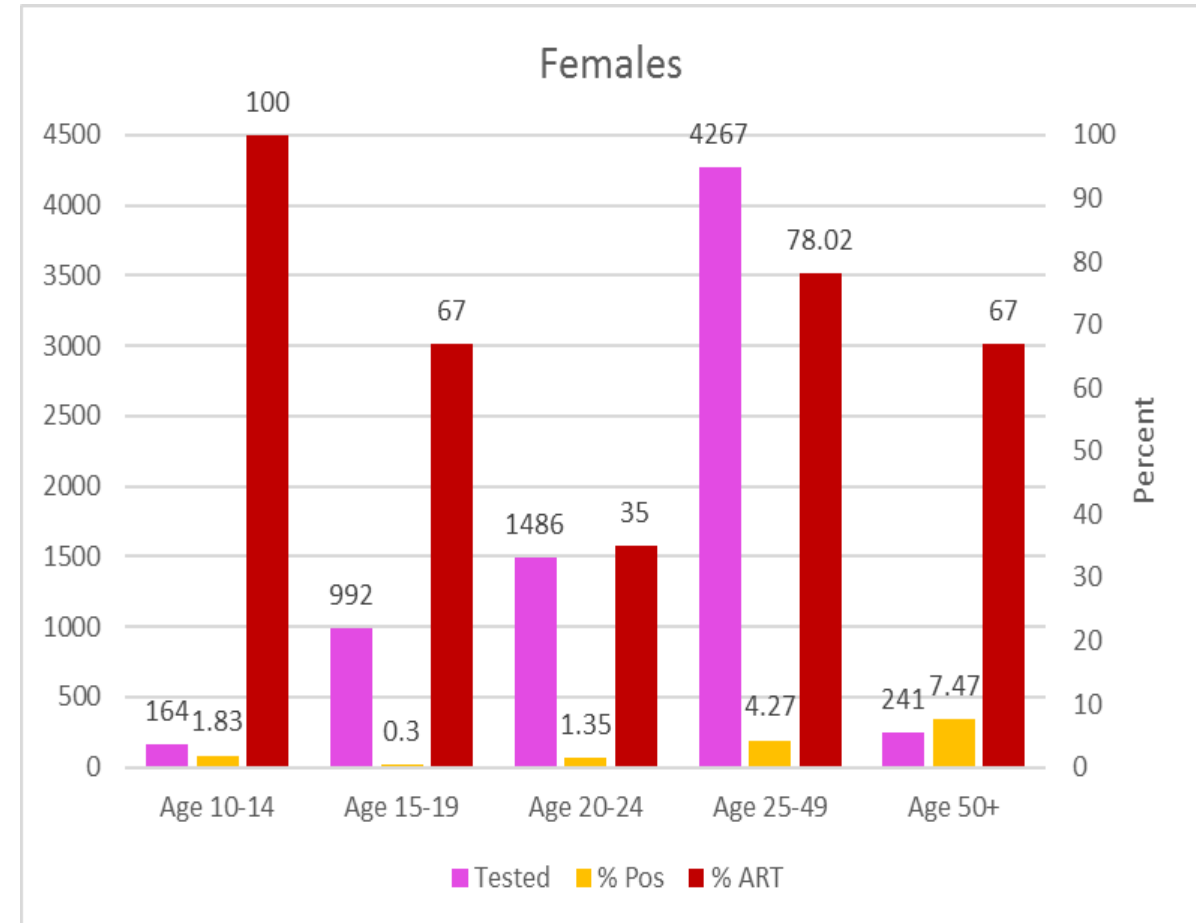
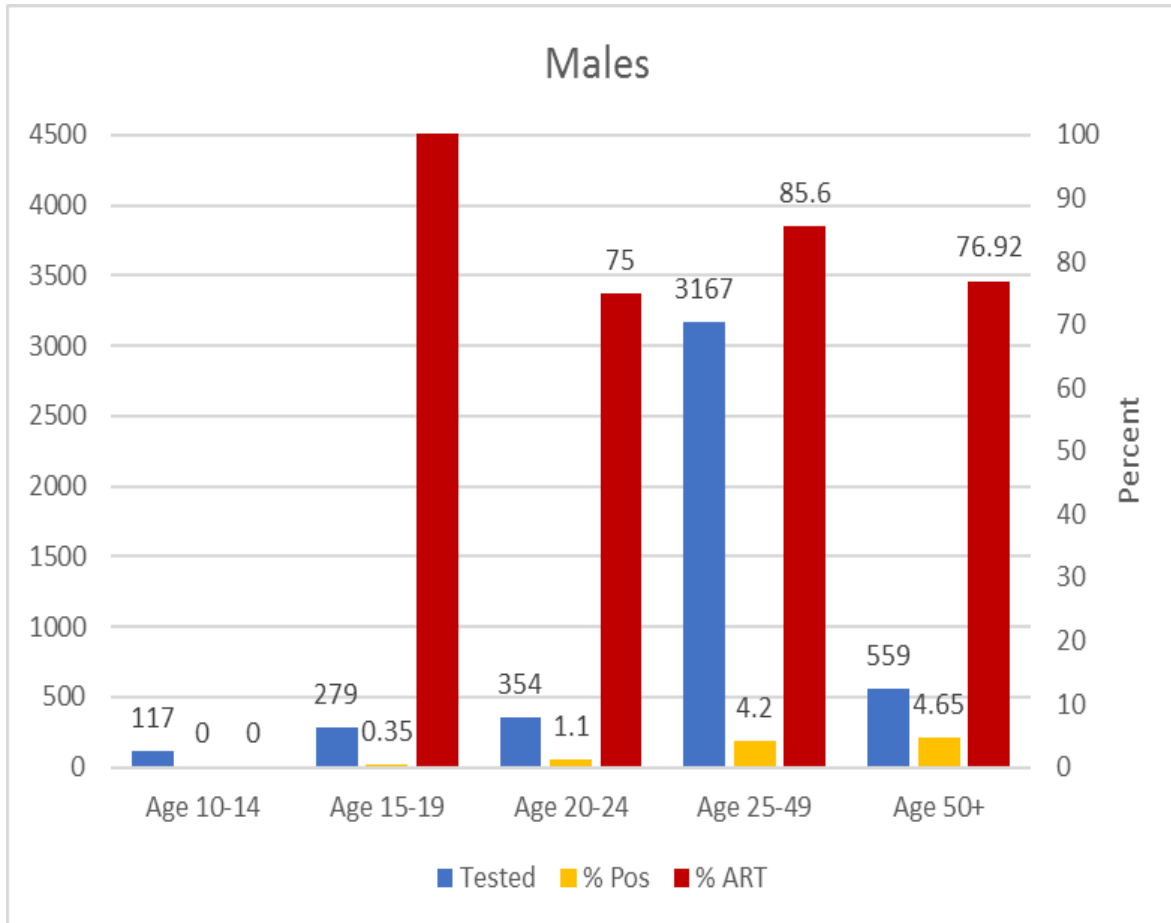
Clinical cascades by sex/age bands, Haut-Katanga,Q2 (log scale)

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Clinical Cascades by Sex/Age Bands, Military, Q2

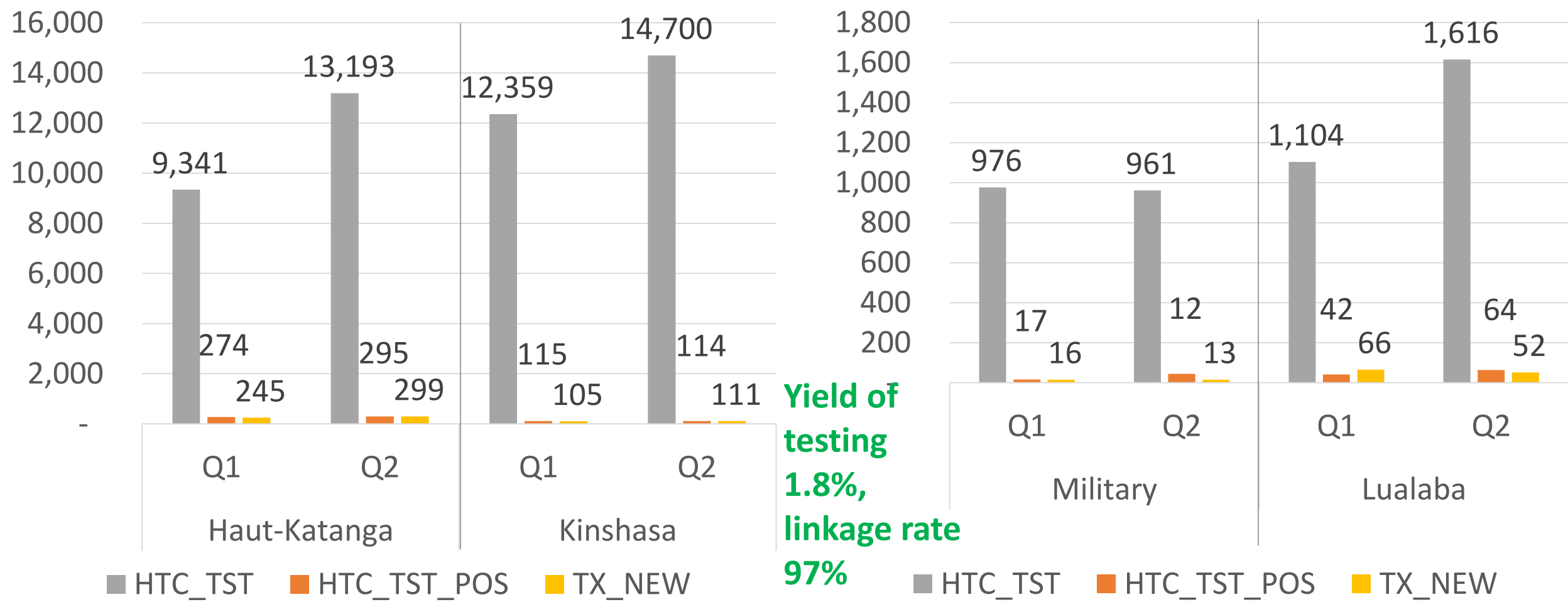
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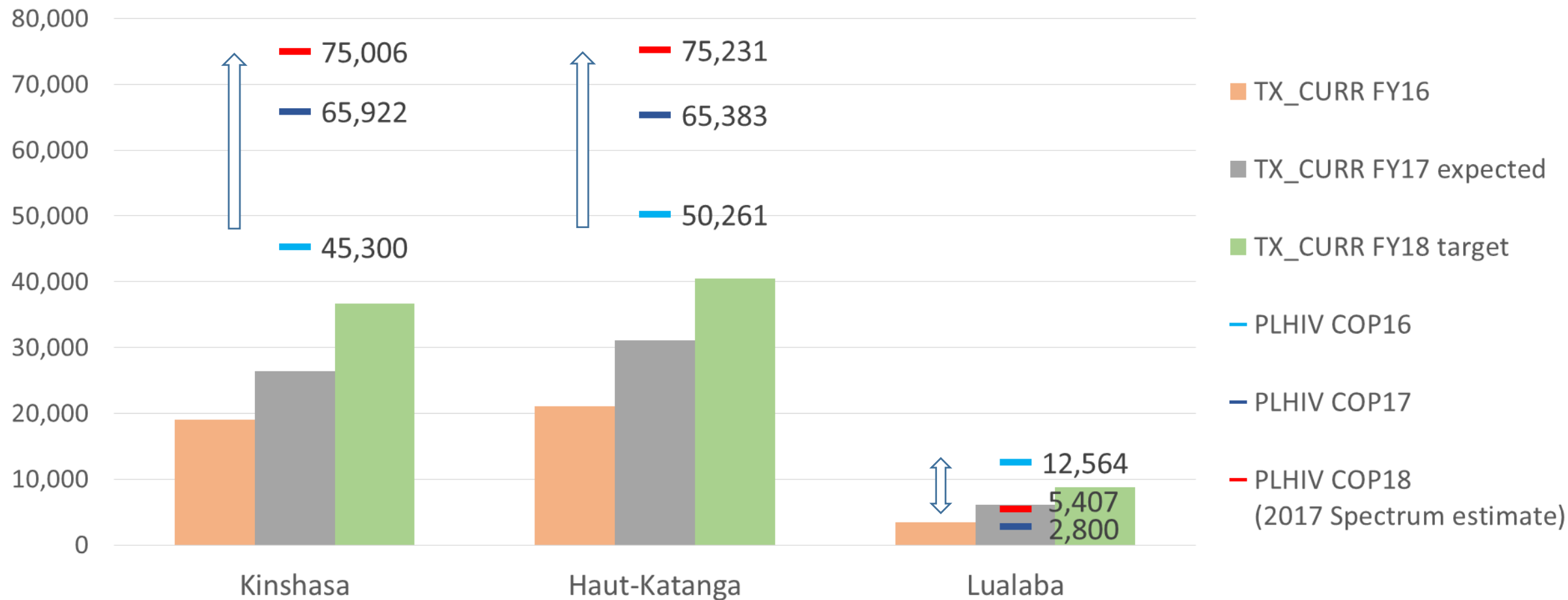
Clinical cascade among peds <15, by province Q1 and Q2

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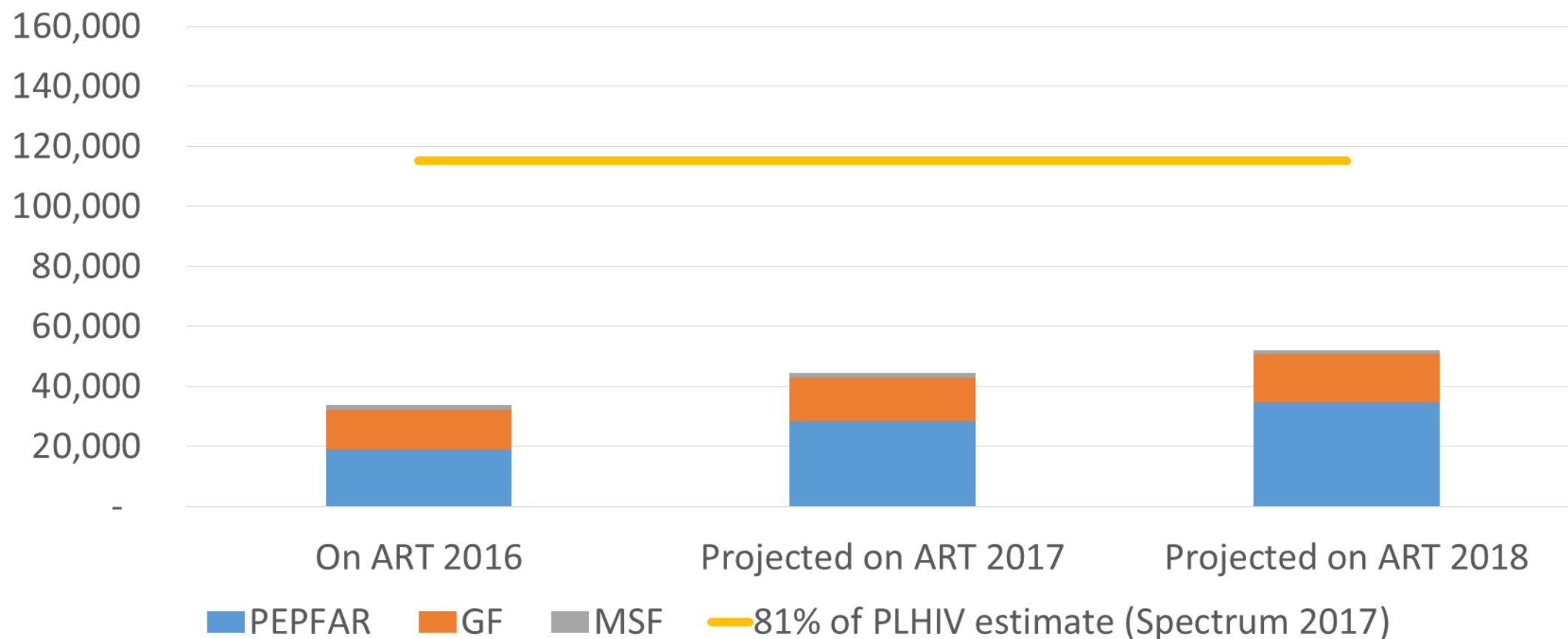
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REDACT/REMOVE: 2017 Spectrum estimation round*



*Do not disseminate: 2017 Spectrum estimates not yet validated

REDACT/REMOVE: Multi-partner Kinshasa ART coverage at the end of FY16*



*Do not disseminate: 2017 Spectrum estimates not yet validated. MSF projections assume no growth. GF projections unofficial: projected using 2016 Kinshasa results and 2018 national targets

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First 90

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Distribution of HTC_TST and % yield, by modality and province, Q2

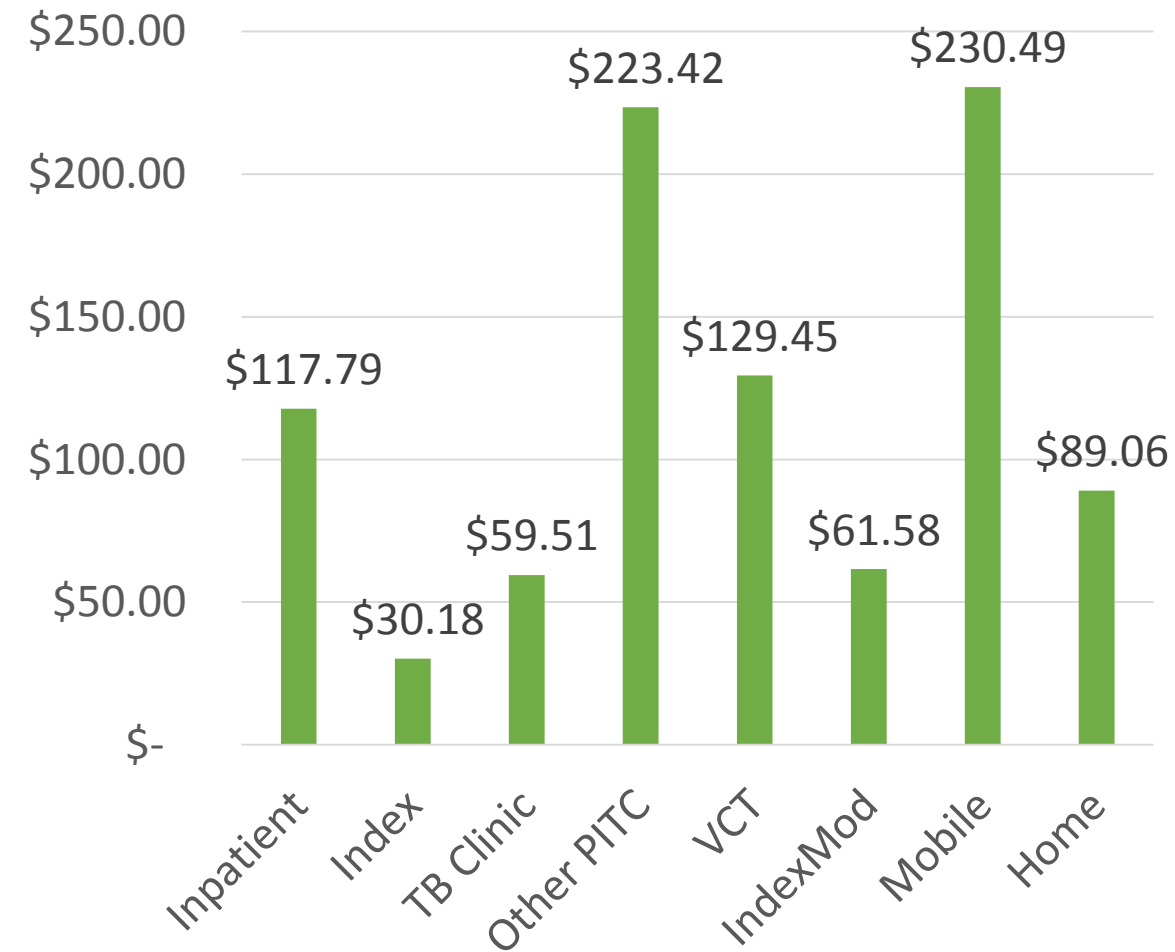


- High investment in OtherPITC in Kinshasa but low yield

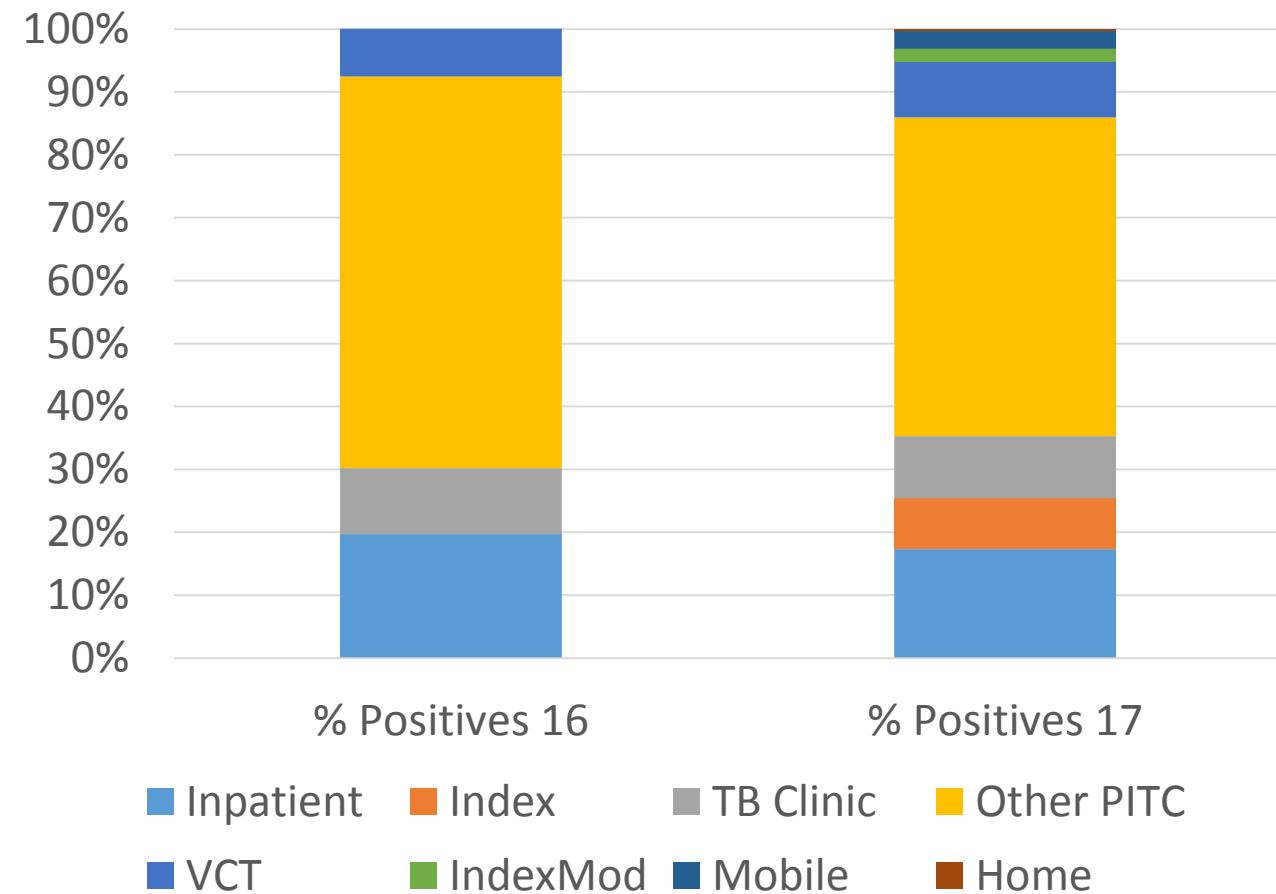
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UE analysis: moving from Other PICT towards Index

Unit Budget per positive, COP 2017

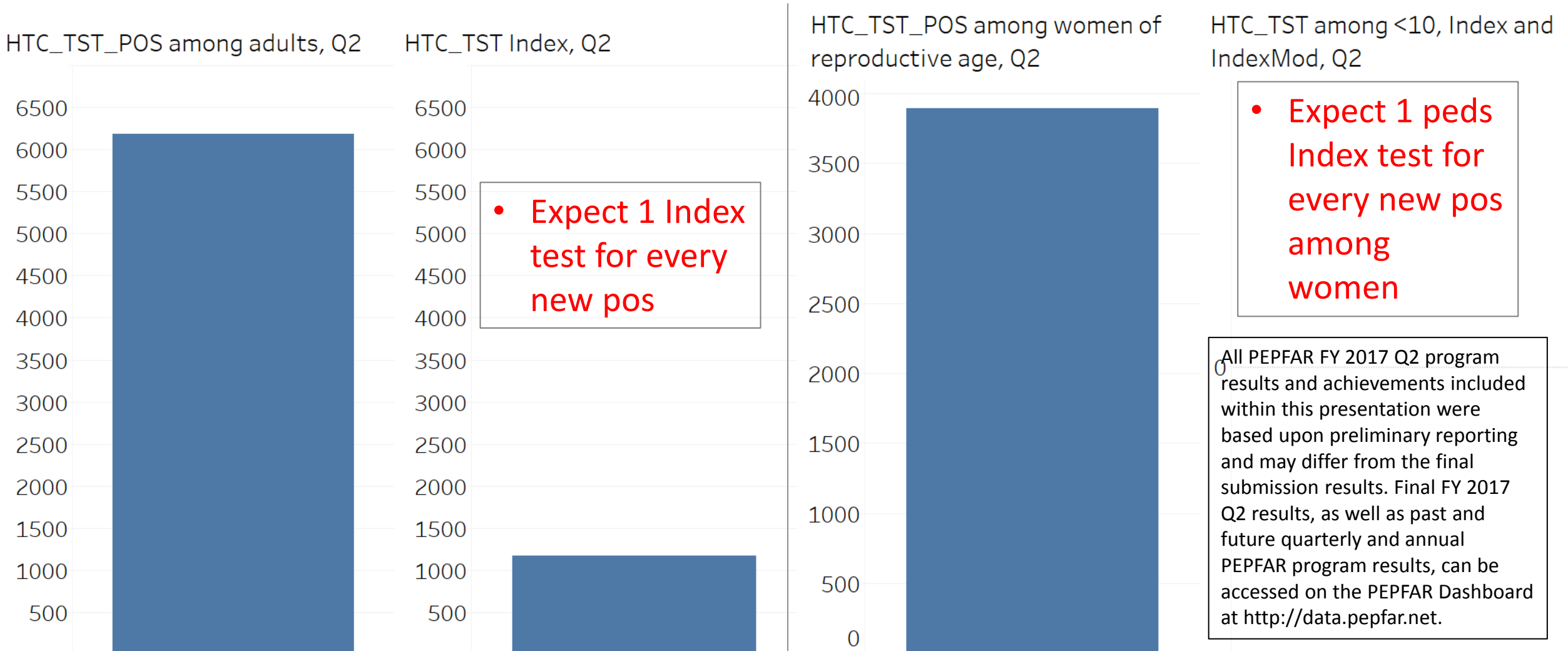


Distribution of positives by modality, APR16 and COP17



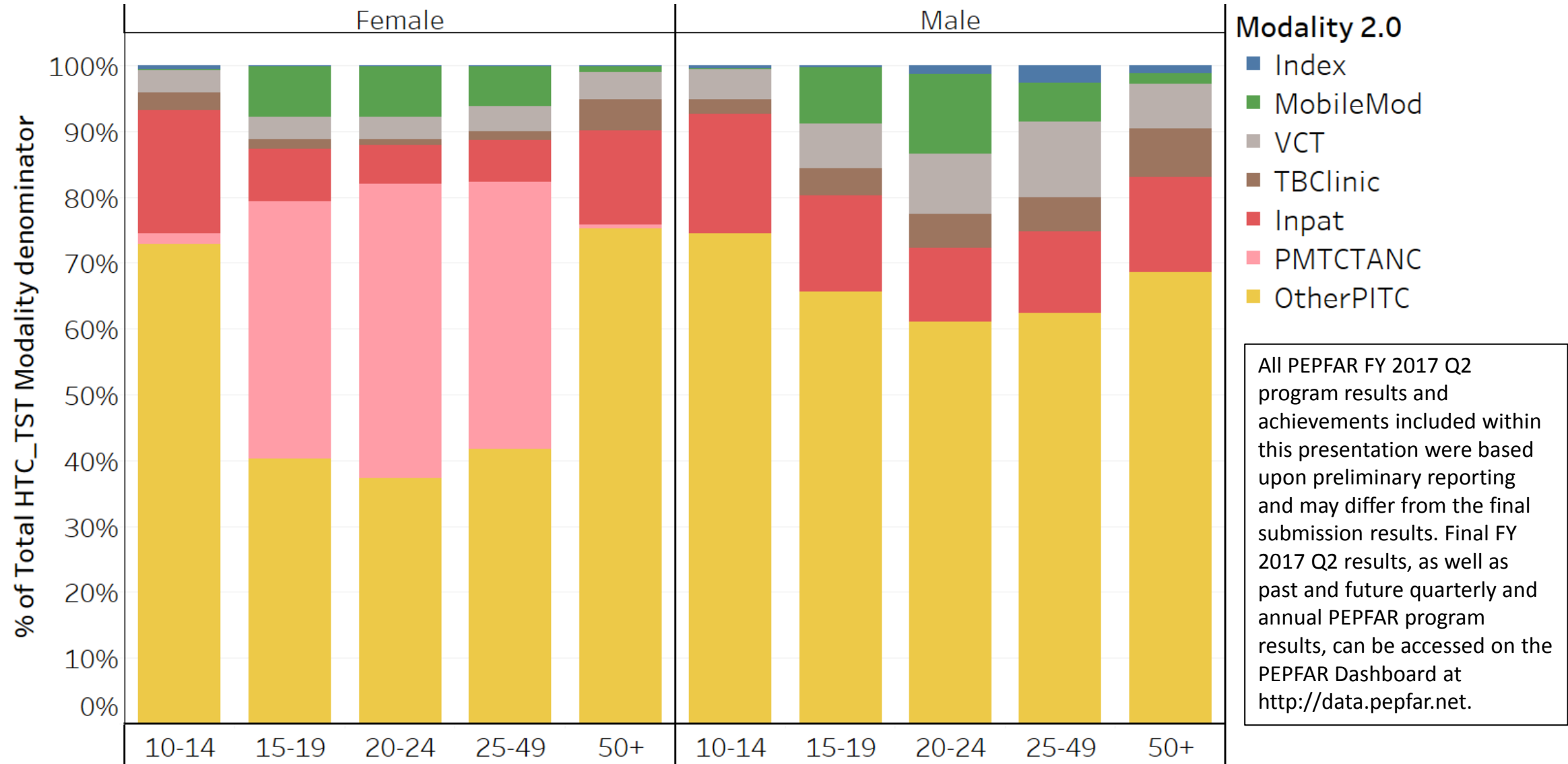
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Roll out of index testing in early stages

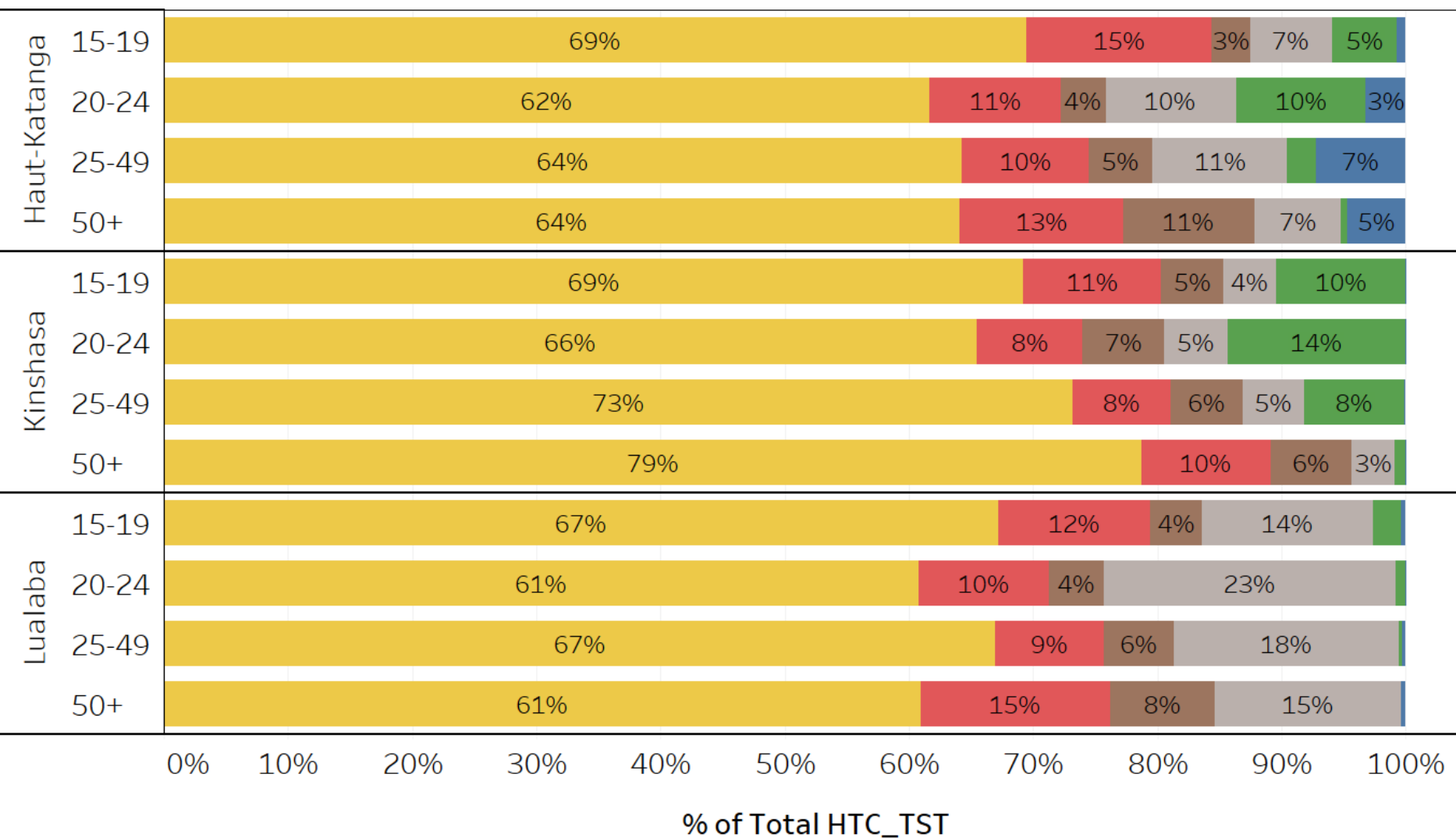


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Distribution of HTC_TST by modality, sex and age, Q2



Distribution of HTC_TST among men, by modality and province, Q2



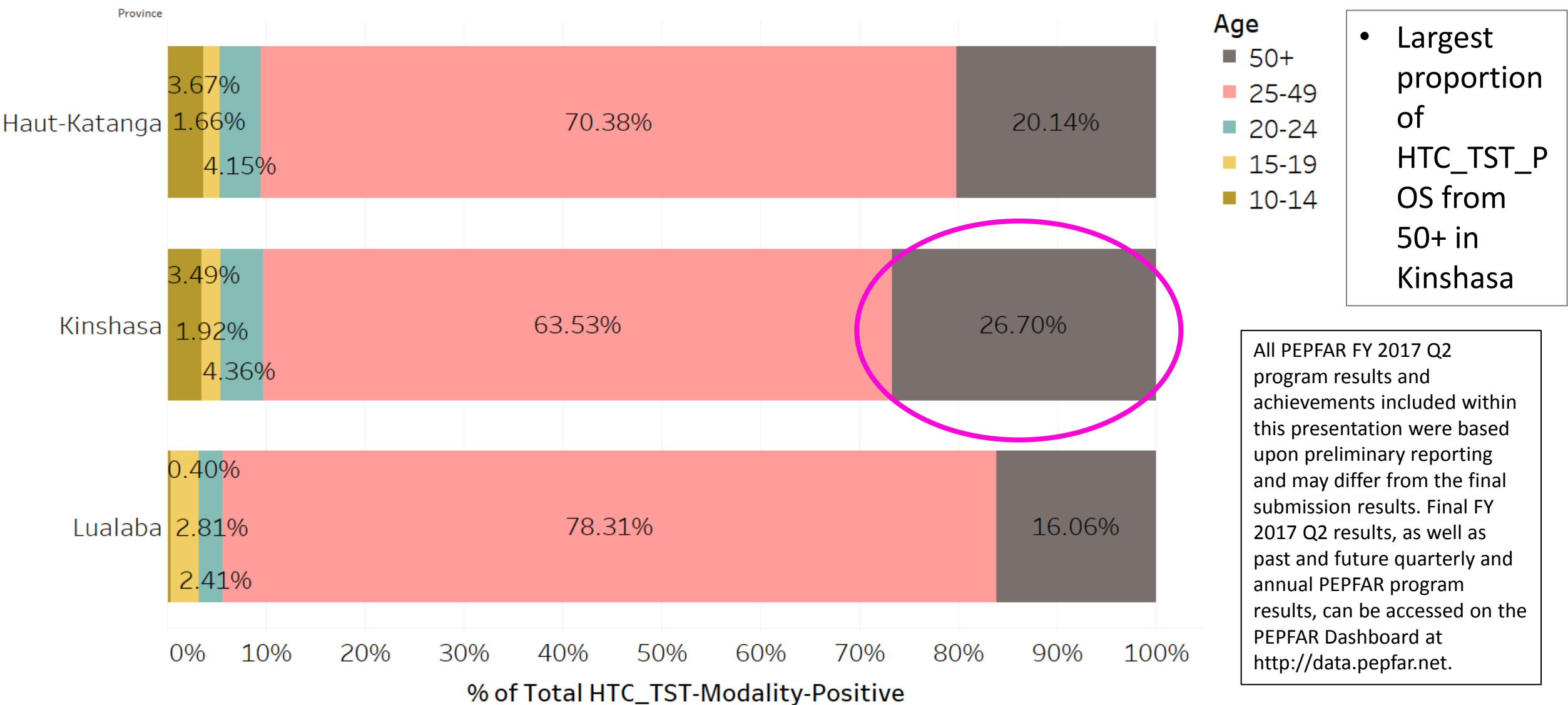
Modality 2.0

- Index
- MobileMod
- VCT
- TBClinic
- Inpat
- OtherPITC

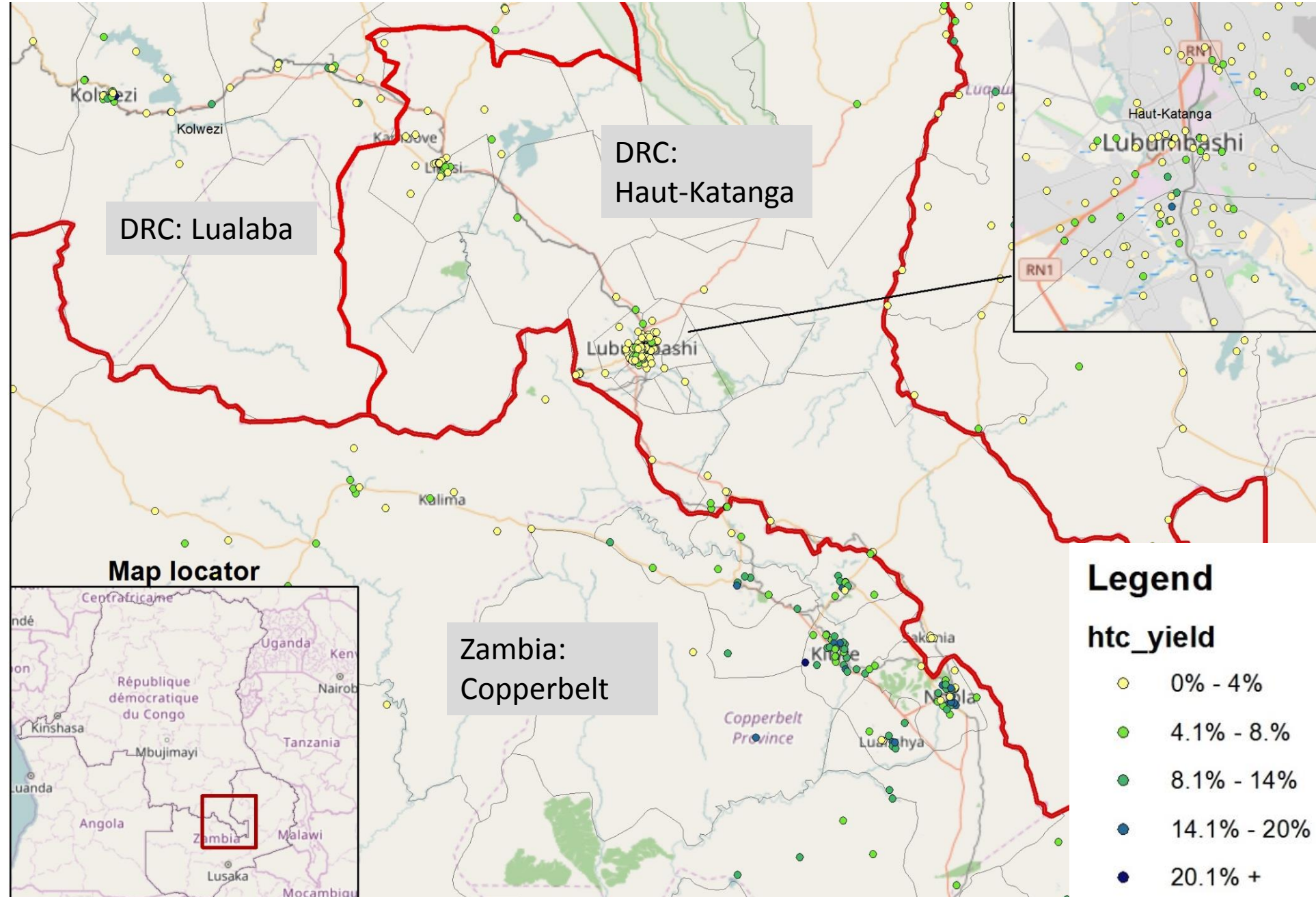
- OtherPITC volume highest and VCT volume lowest in Kinshasa

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Distribution of HTC_TST_POS among men, by province and age, Q2



% HTC_TST
positive,
DRC/Zambia
border,
APR16



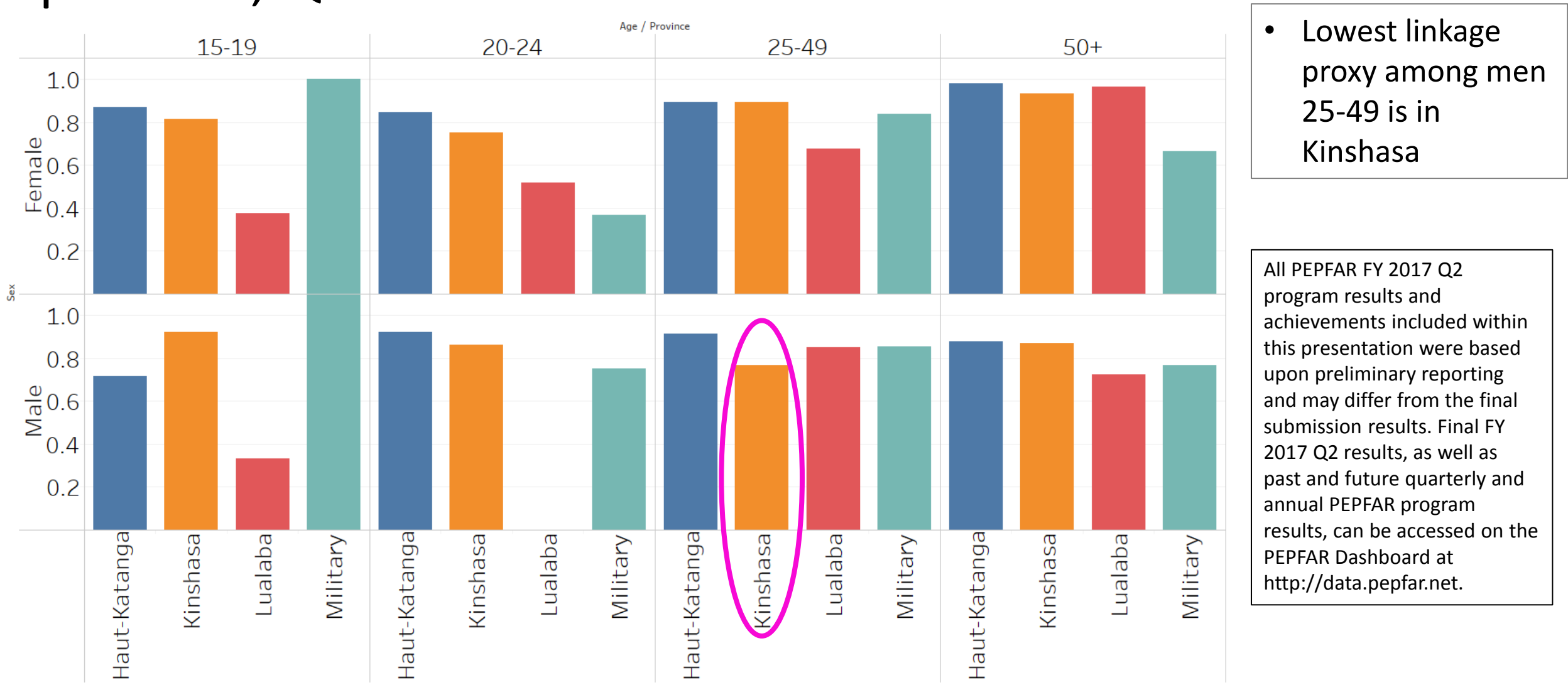
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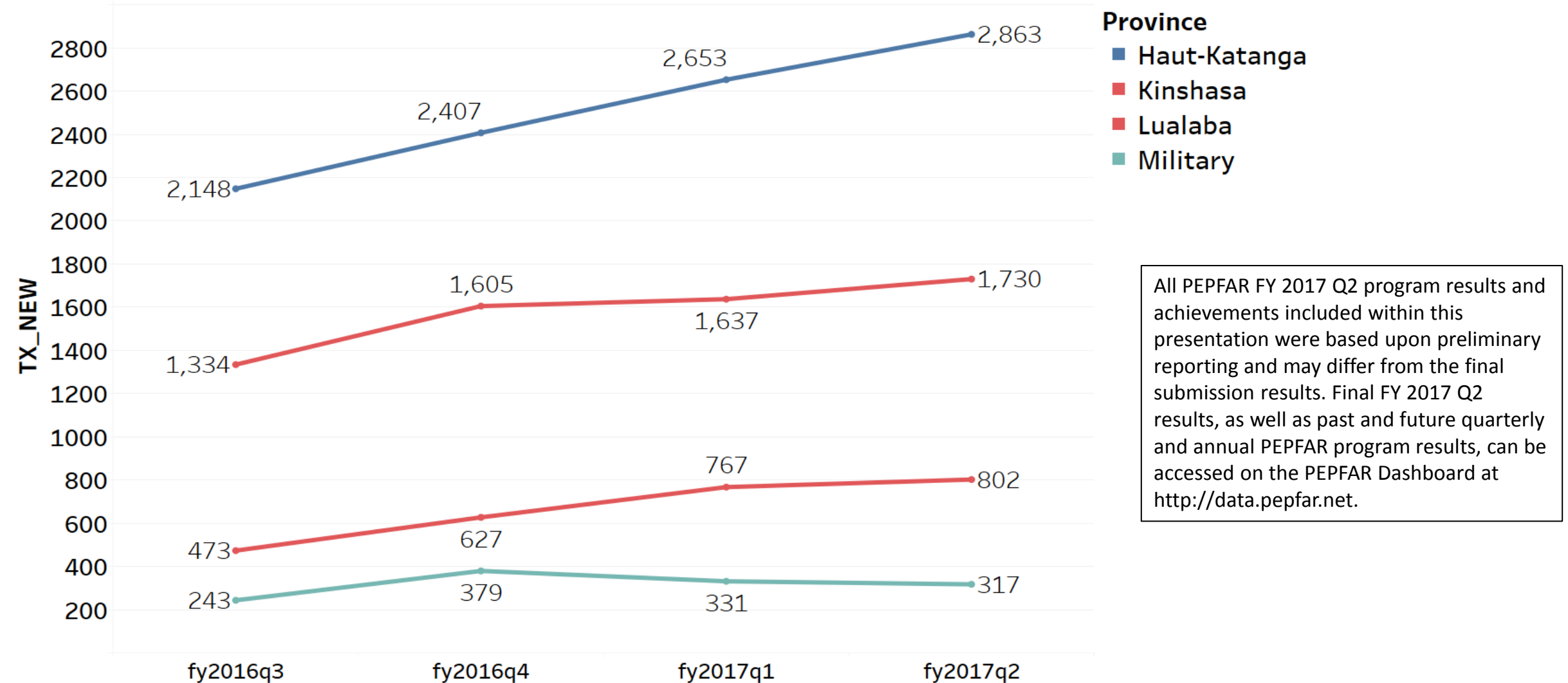
Second 90

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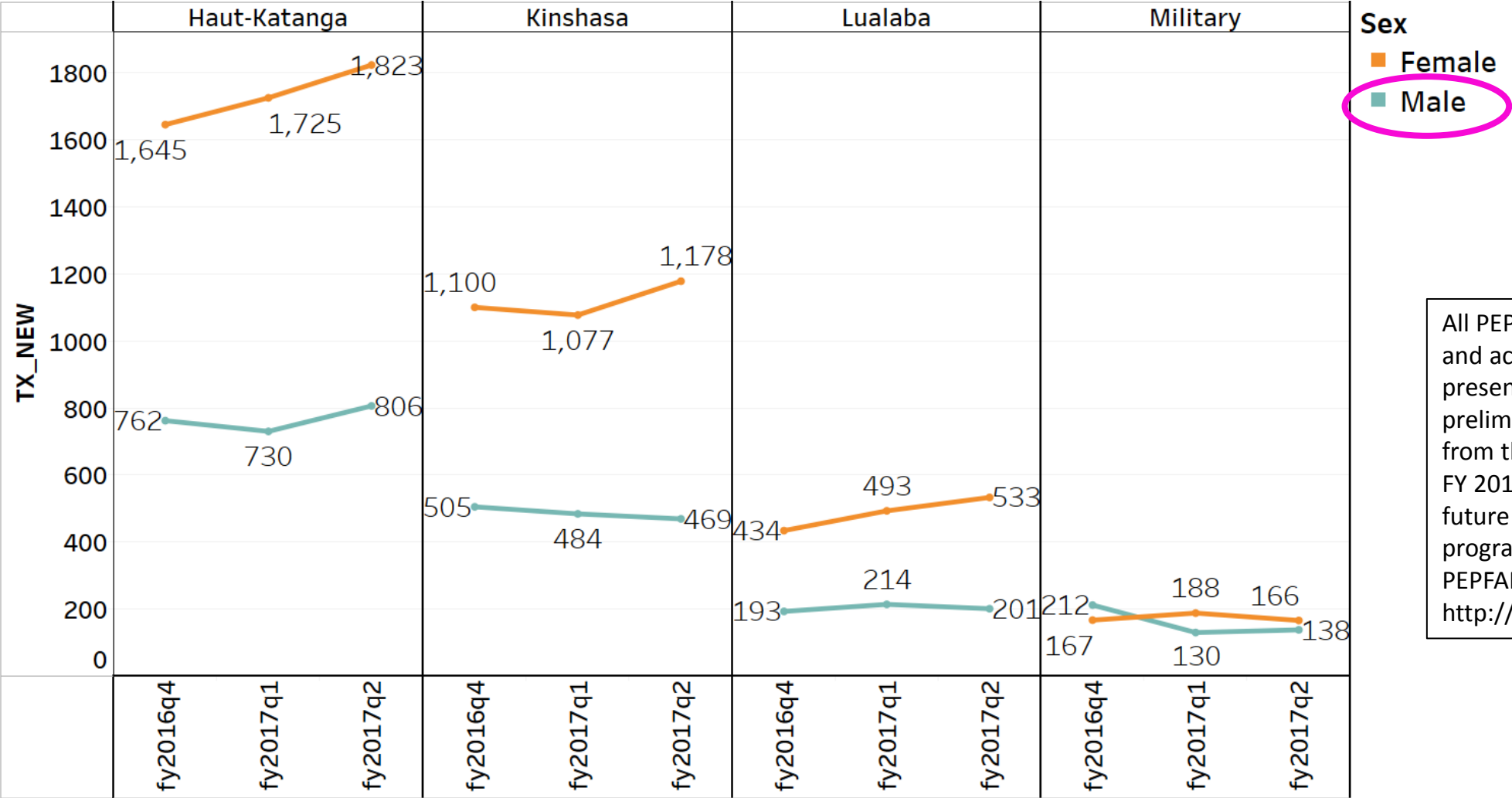
Linkage proxy (TX_NEW / HTC_TST_POS) by sex, age and province, Q2



Trends in TX_NEW by province, 2016 Q3 to 2017 Q2



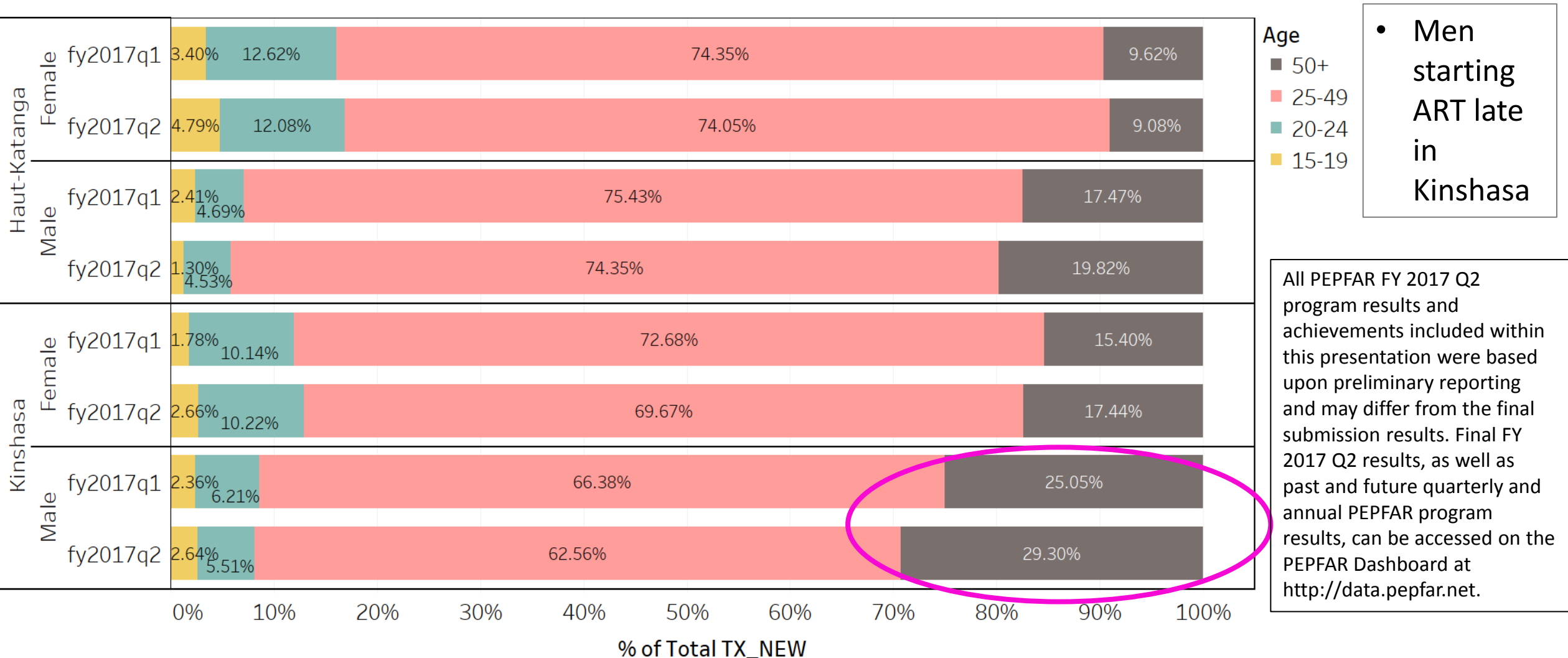
Trends in TX_NEW by sex and province, FY16Q4 to FY17Q2



- Rate of growth in TX_NEW flat or declining for men

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Distribution of TX_NEW by sex and age, Kinshasa and Haut-Katanga, Q1 and Q2

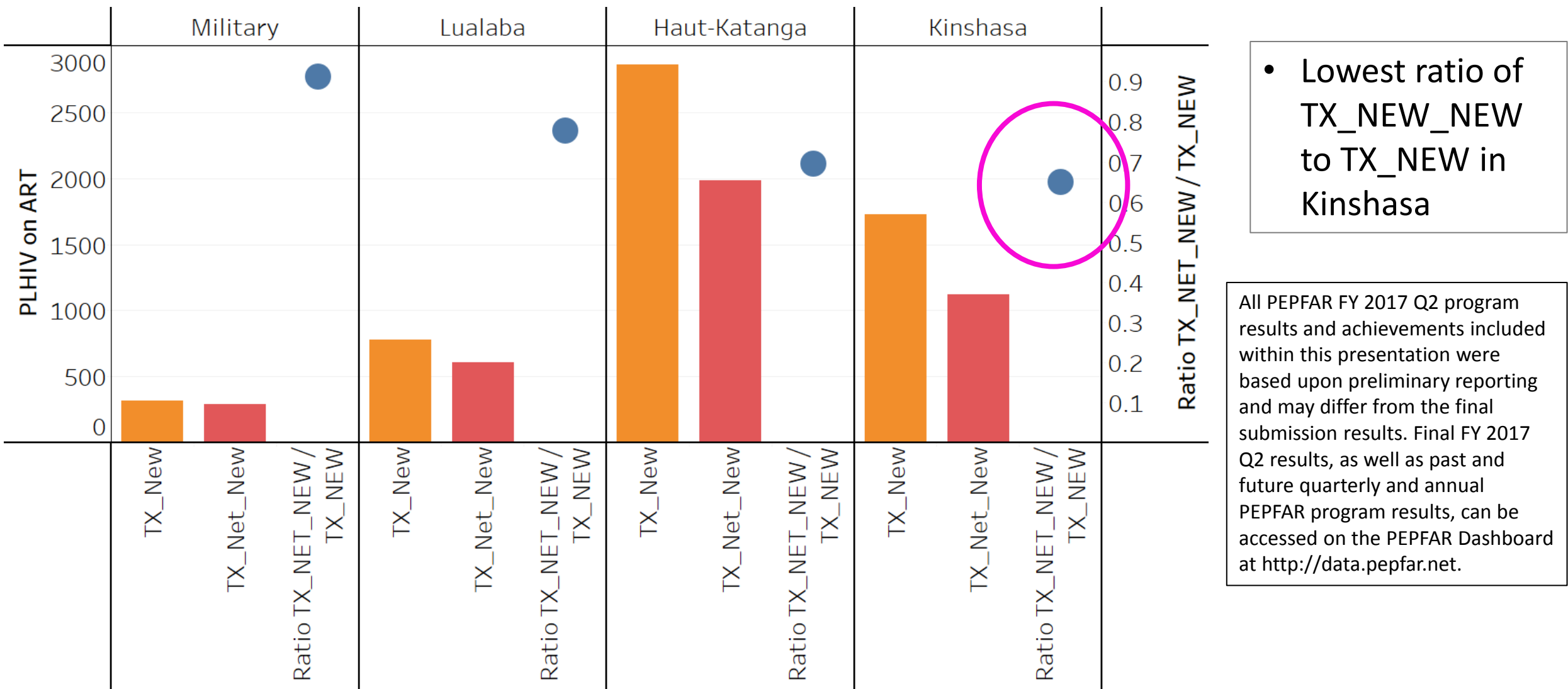




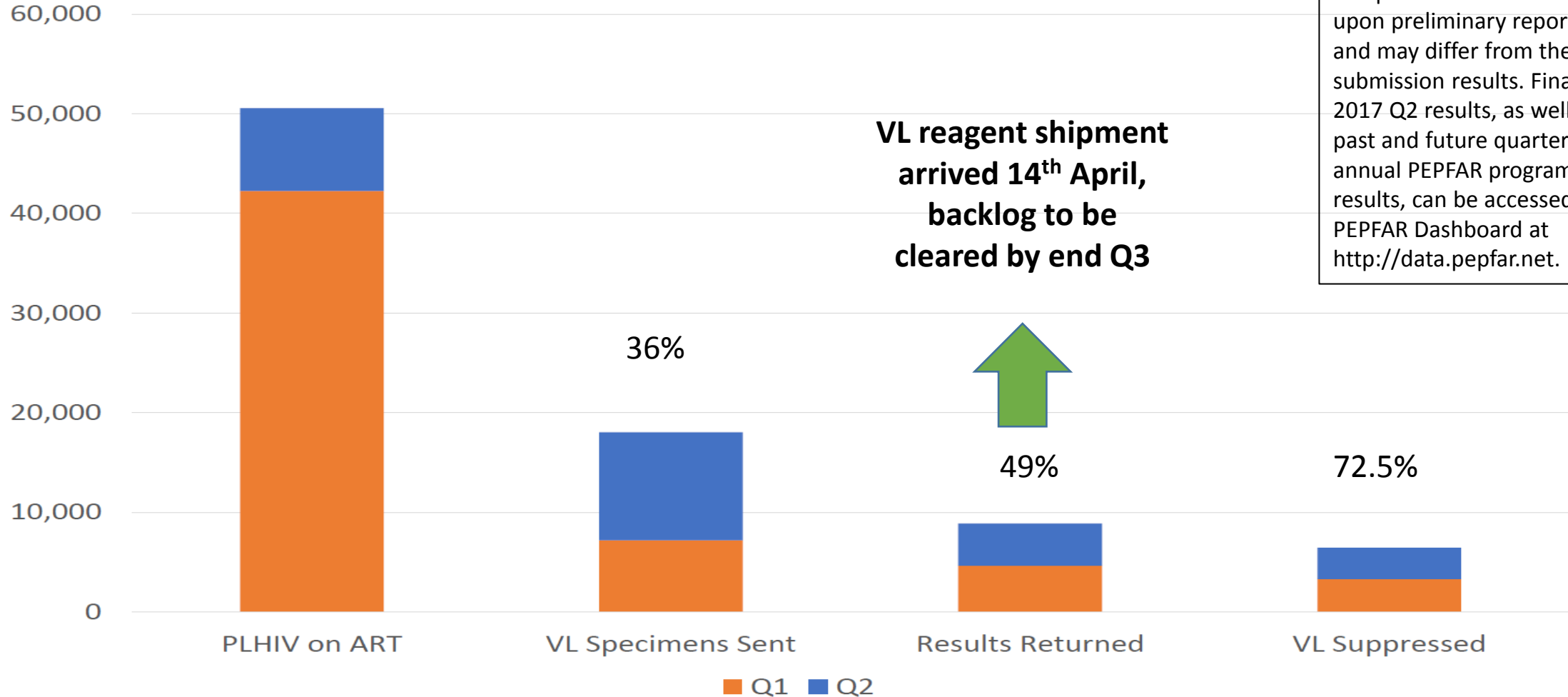
Third 90

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TX_NEW, TX_NET_NEW and Ratio of TX_NET_NEW to TX_NEW, by province, Q2



COP16 Viral Load Cascade Q1 and Q2



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VL and EID emergency supplies arrive in Kinshasa and Lubumbashi: April 14-24



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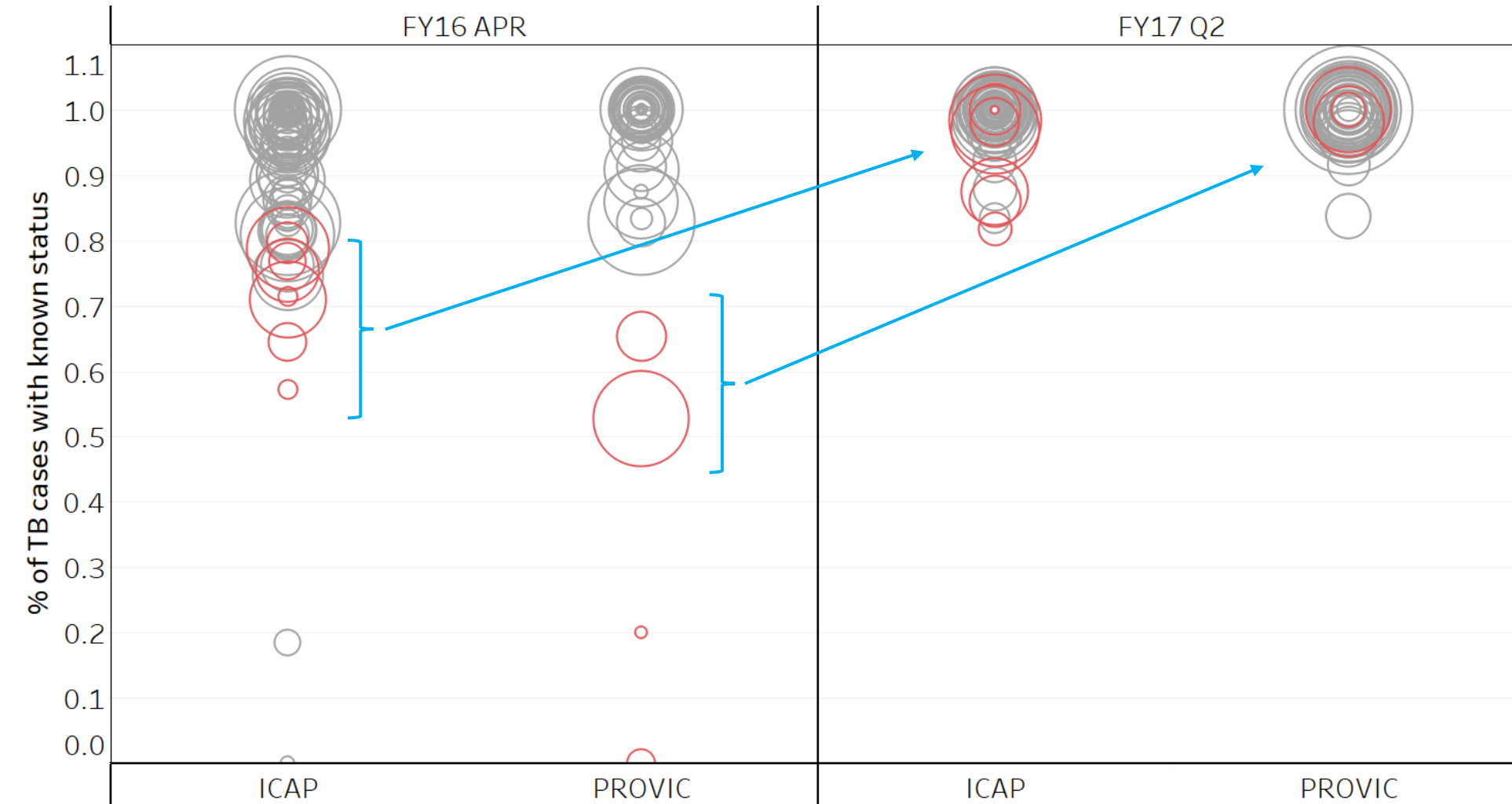


TB/HIV

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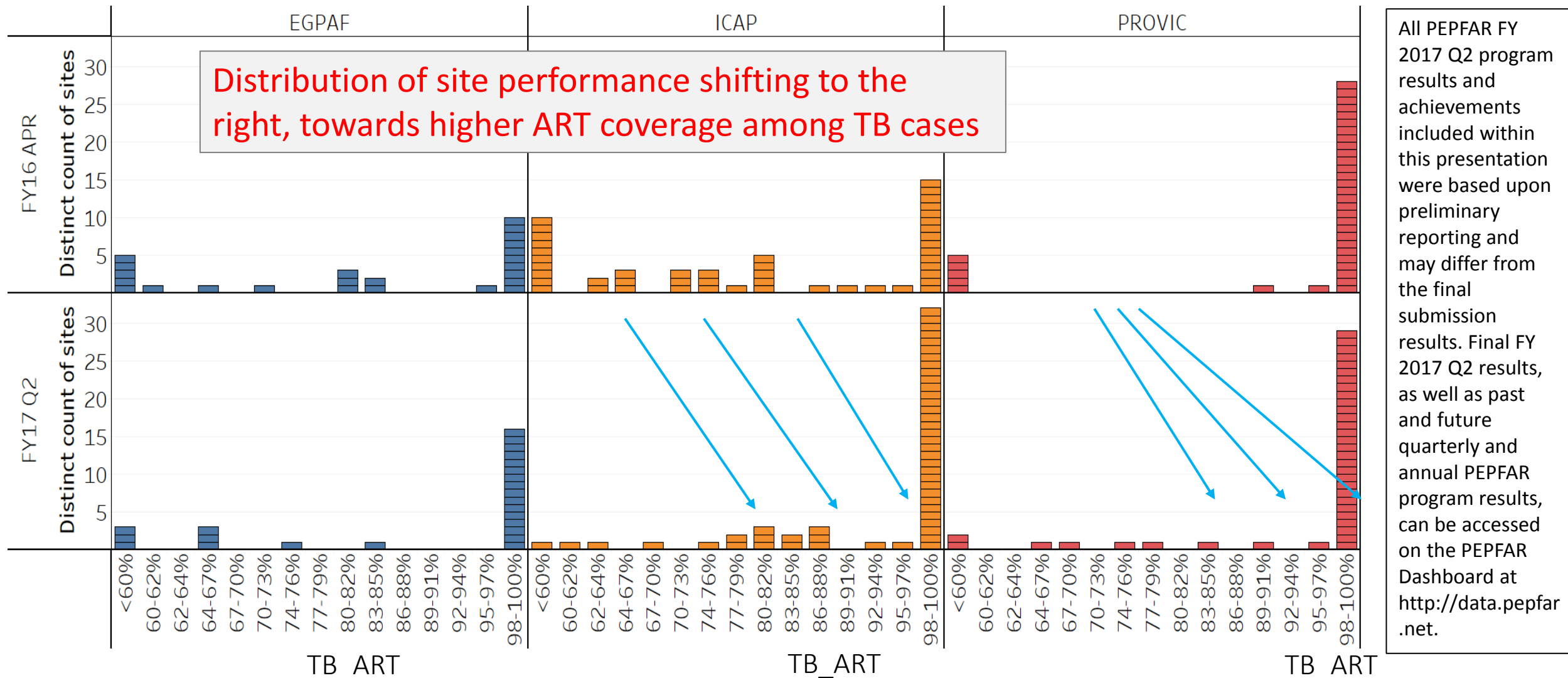
Tracking progress at the site level: TB_STAT by site and partner, FY16 Q4 and FY17 Q2

- Sites with <80% coverage of HIV testing among TB cases in APR16 (in red) improved in Q2



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Tracking progress at the site level: histogram of sites by TB_ART results, by partner, FY16 Q4 and FY17 Q2



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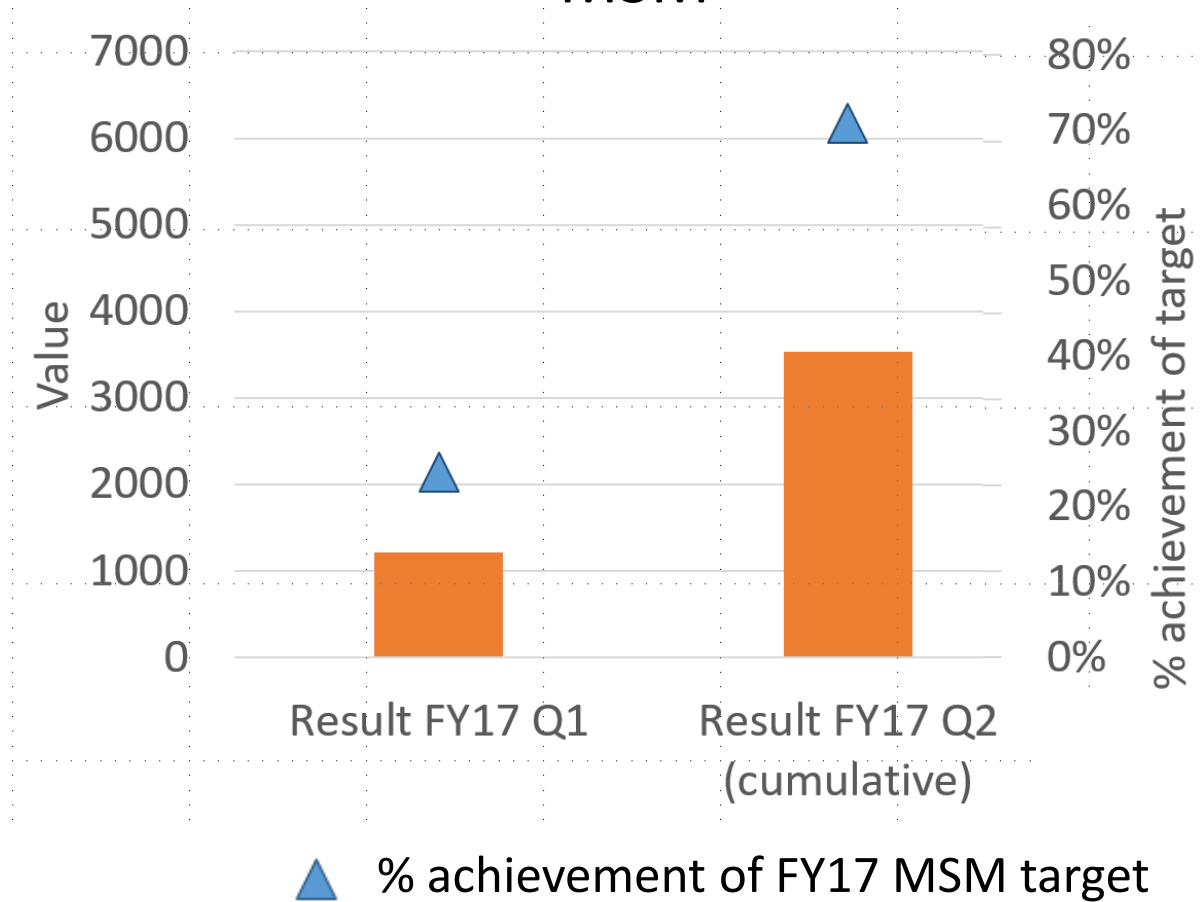
Key Pops

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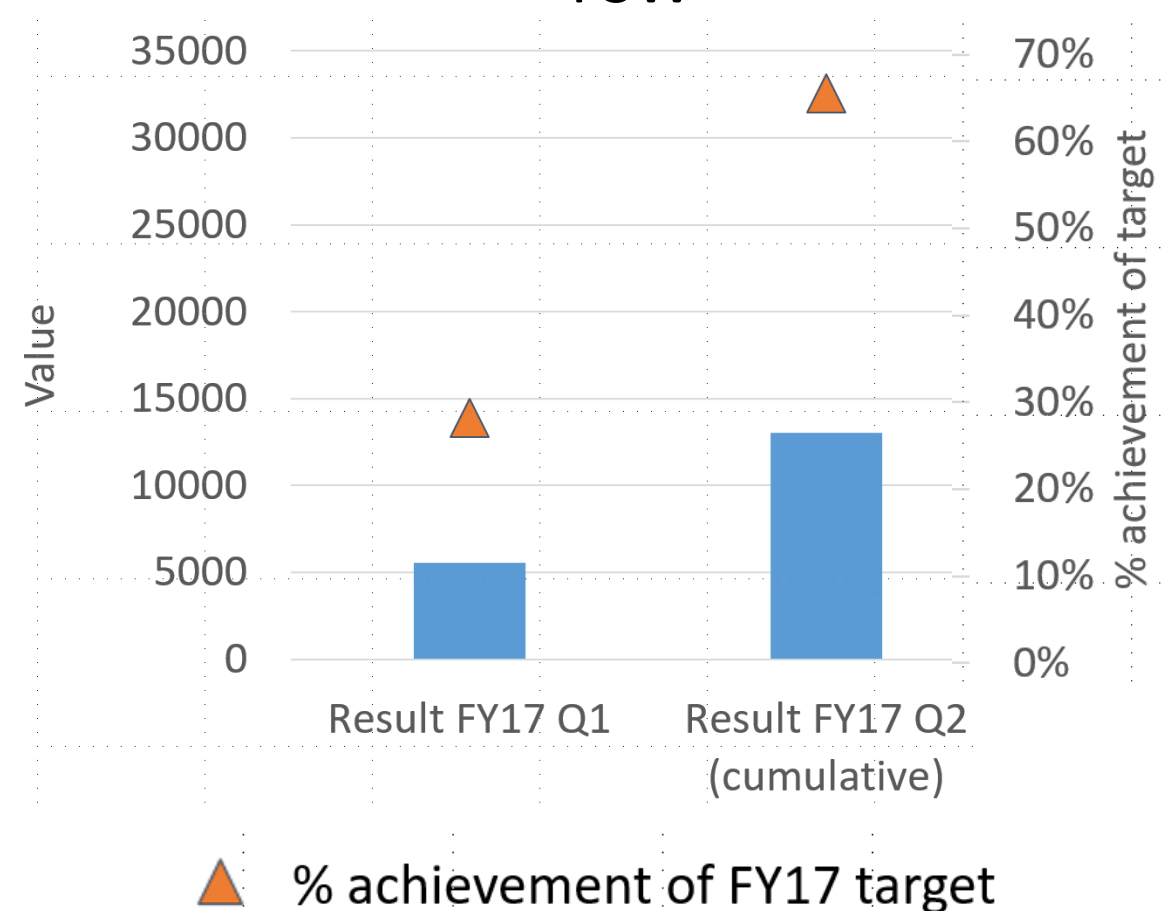
MSM & FSW HTC_TST results, Q1 and Q2

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MSM

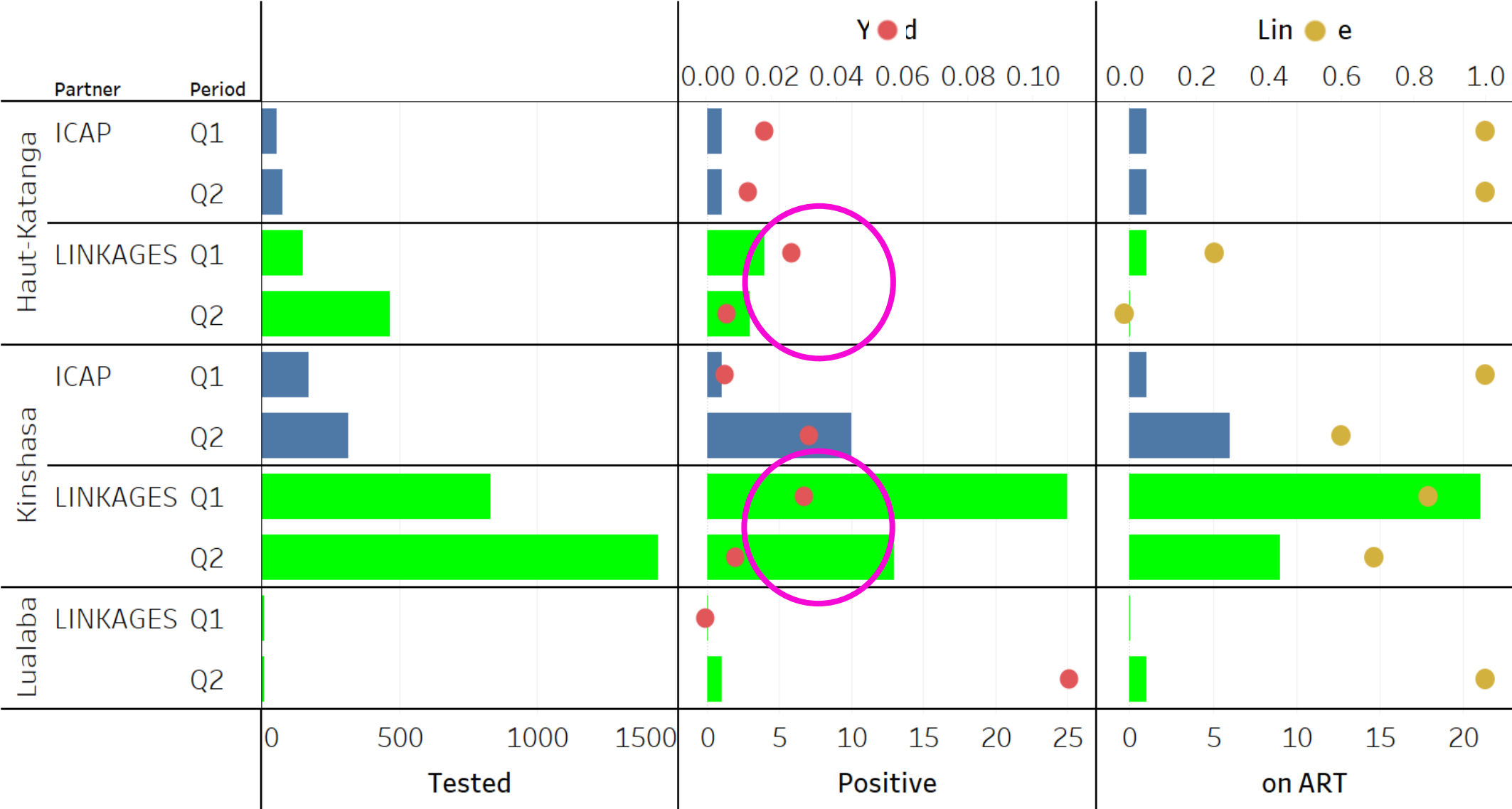


FSW



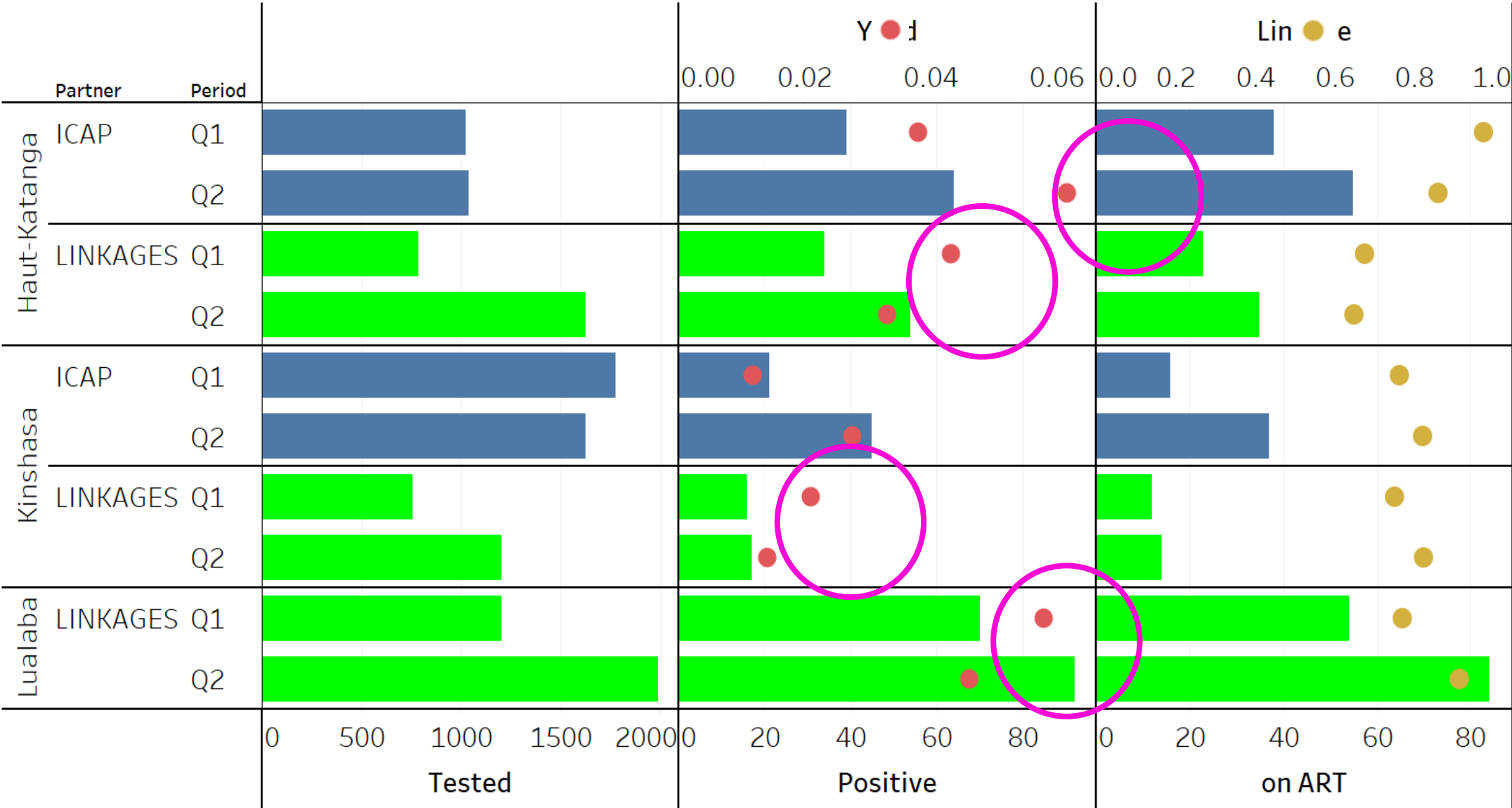
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Clinical cascade, MSM, Q1 & Q2, by province and partner



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Clinical cascade, FSW, Q1 & Q2, by province and partner



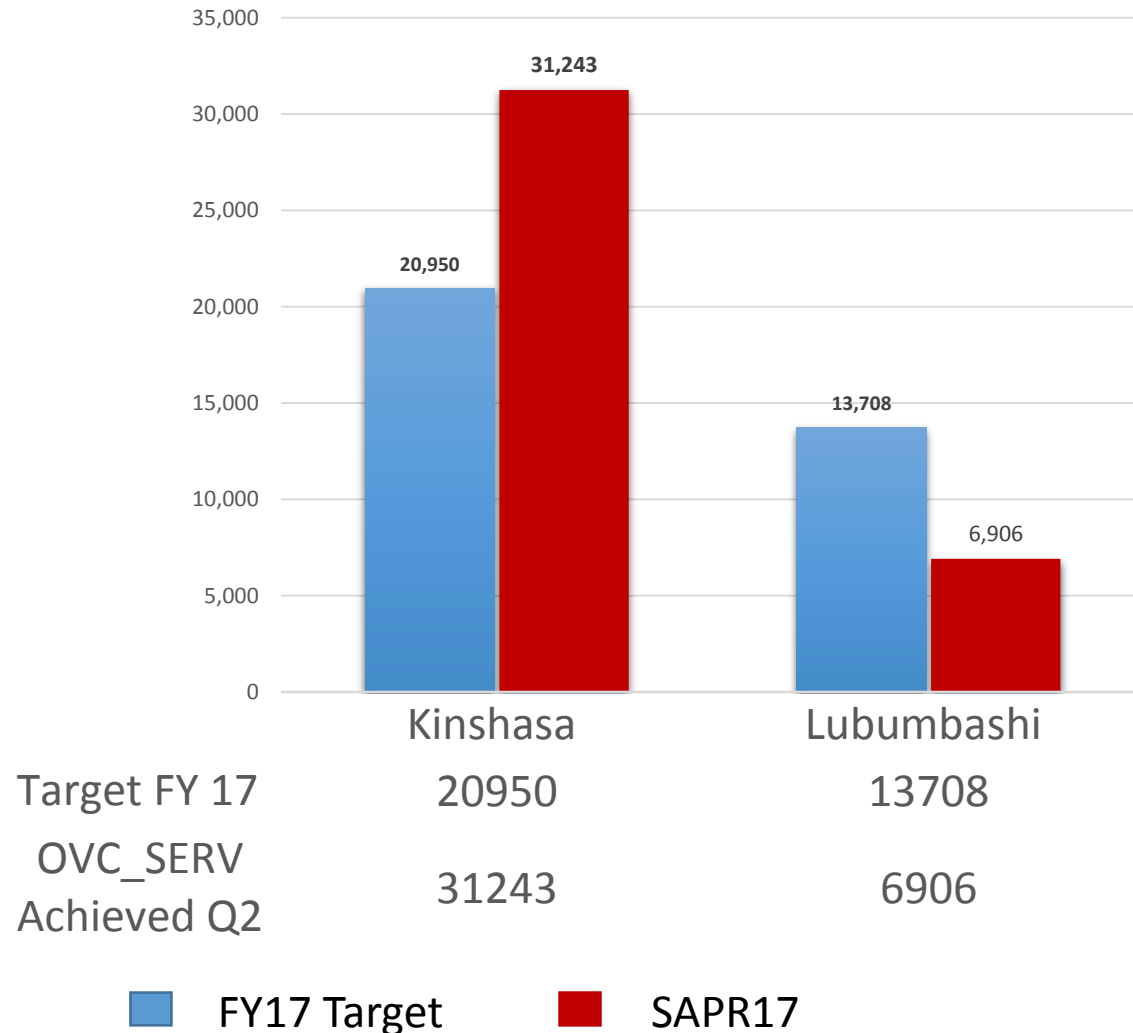
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OVC

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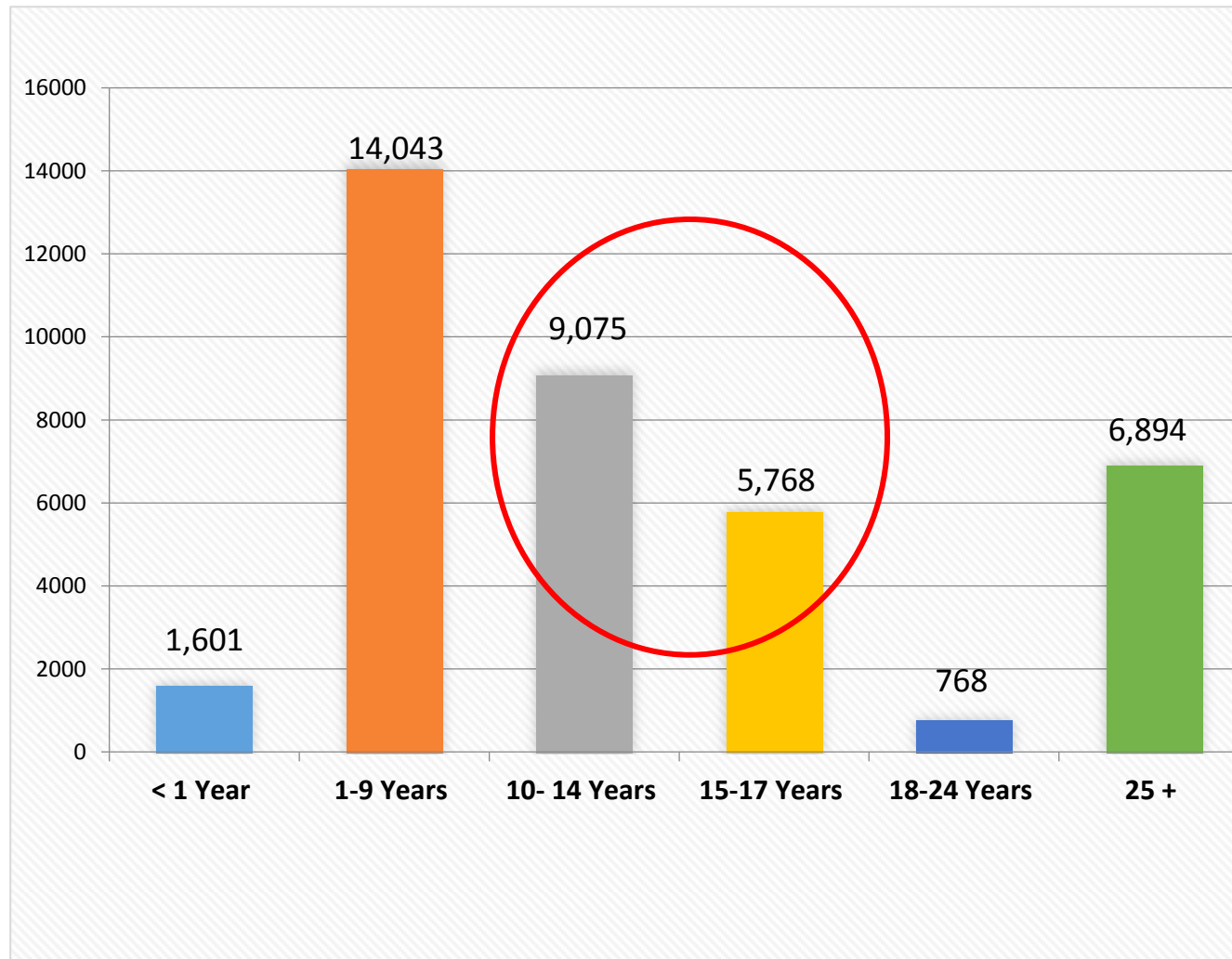
FY17 Q2 OVC Served Performance by Cluster



- Significant growth of OVC program in Kinshasa
- On track growth of the OVC program in Lubumbashi

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FY17 Q2 OVC Served by age



- Low enrollment of 10 to 18 age groups at SAPR

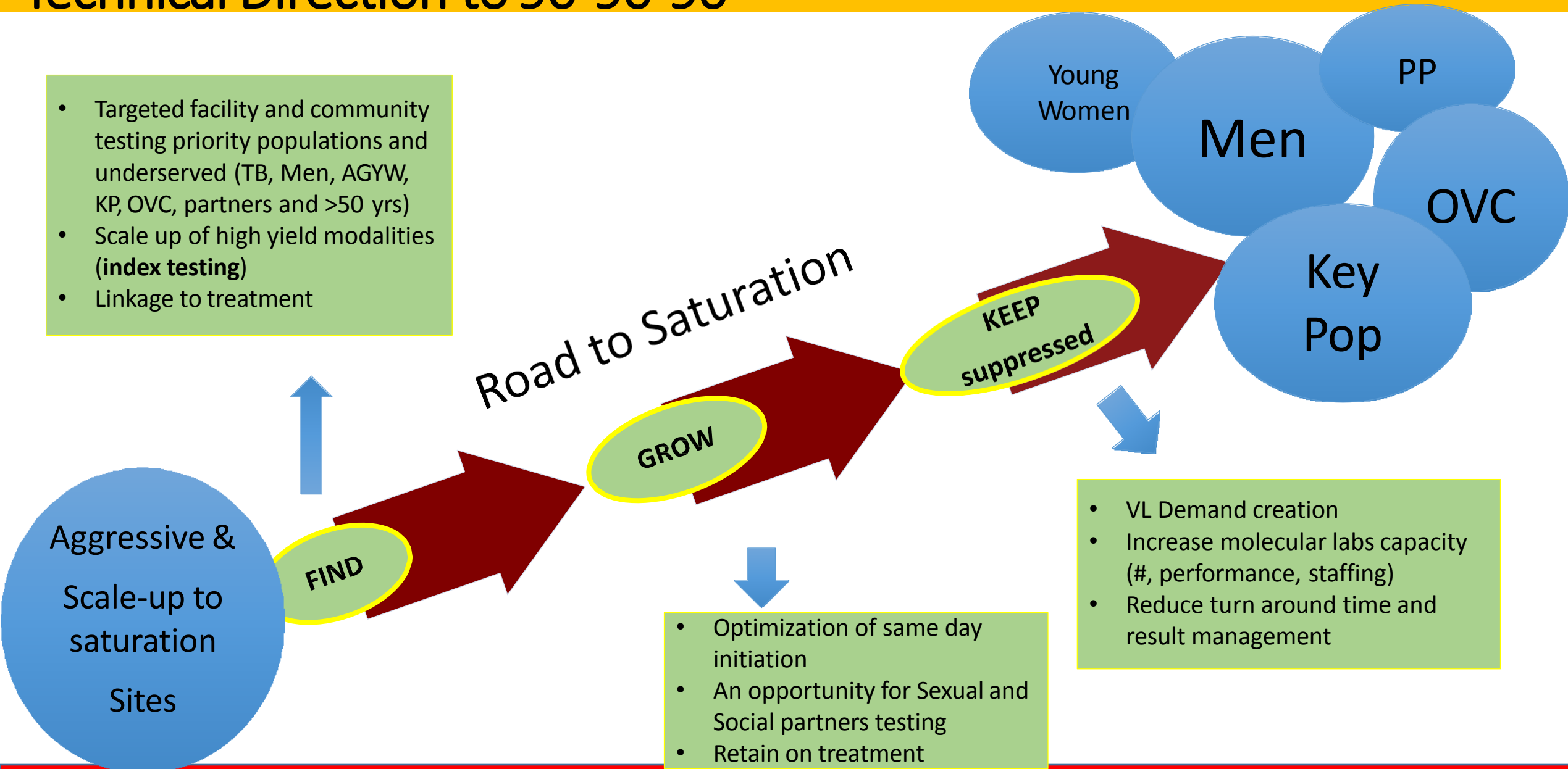
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Strategies to achieve COP16

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Technical Direction to 90-90-90



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Kinshasa Strategy

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Kinshasa Strategy

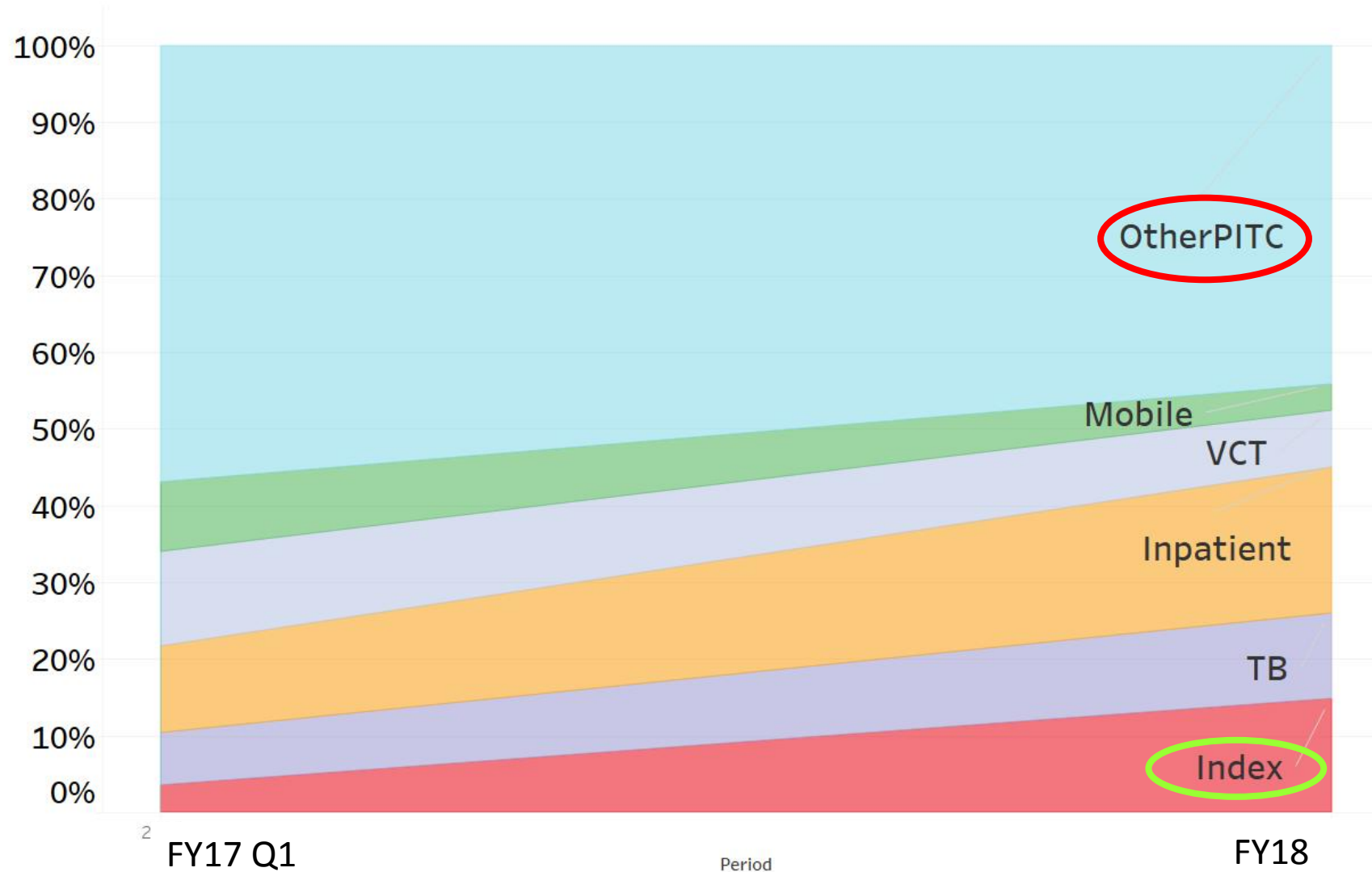
- FIND
 - Improving yield of PITC
 - Optimizing Index testing
 - Find HIV+ KP
- GROW
- KEEP SUPPRESSED
- KEEP ON TRACK – Monthly monitoring
 - Most important indicators at largest sites
 - Joint partner and PEPFAR review to ensure progress
 - Use data to adjust strategies and overcome barriers on a regular basis



Kinshasa Strategy Entry Point Tool (modified from ACT)					
Porte d'Entrée	Récus	Testés	Couverture	Positif	Taux de +
Inpatient			%		%
Facility Index			%		%
ANC			%		%
TB			%		%
OPD (inc STI, L&D)			%		%
OVC			%		%
Community Index			%		%
Mobile (KP)			%		%
VCT			%		%

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Refocusing testing modalities to increase yield



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Optimizing testing strategies

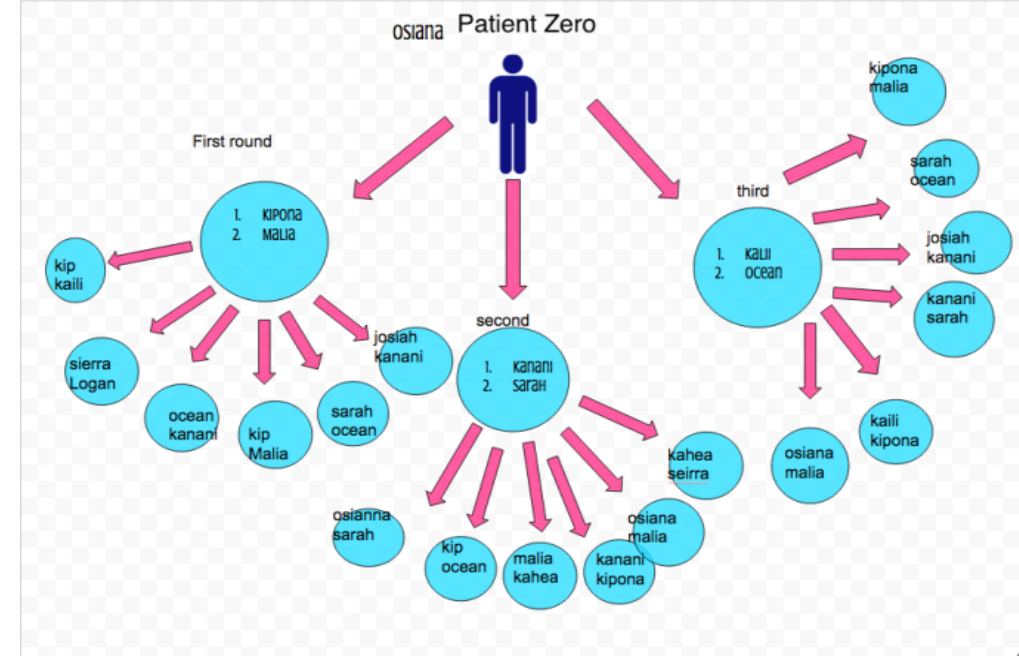
Which testing strategies?

→ Facility-based testing:

- **Optimize PITC with risk assessments & 100% testing coverage in TB and STI**
- **Index-based testing**
- Expanded clinic hours to reach men
- Peer educators to test in clinics
- EID and pediatric entry points

→ Community-based testing:

- **Index-based testing**
- HIV Social and sexual networks testing
- Targeted mobile testing
- **HIV Self-Testing (KP)**



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2nd 90: Ensuring all newly identified patients are initiated on ART rapidly



Support rapid initiation for identified positives, including offer of same day start



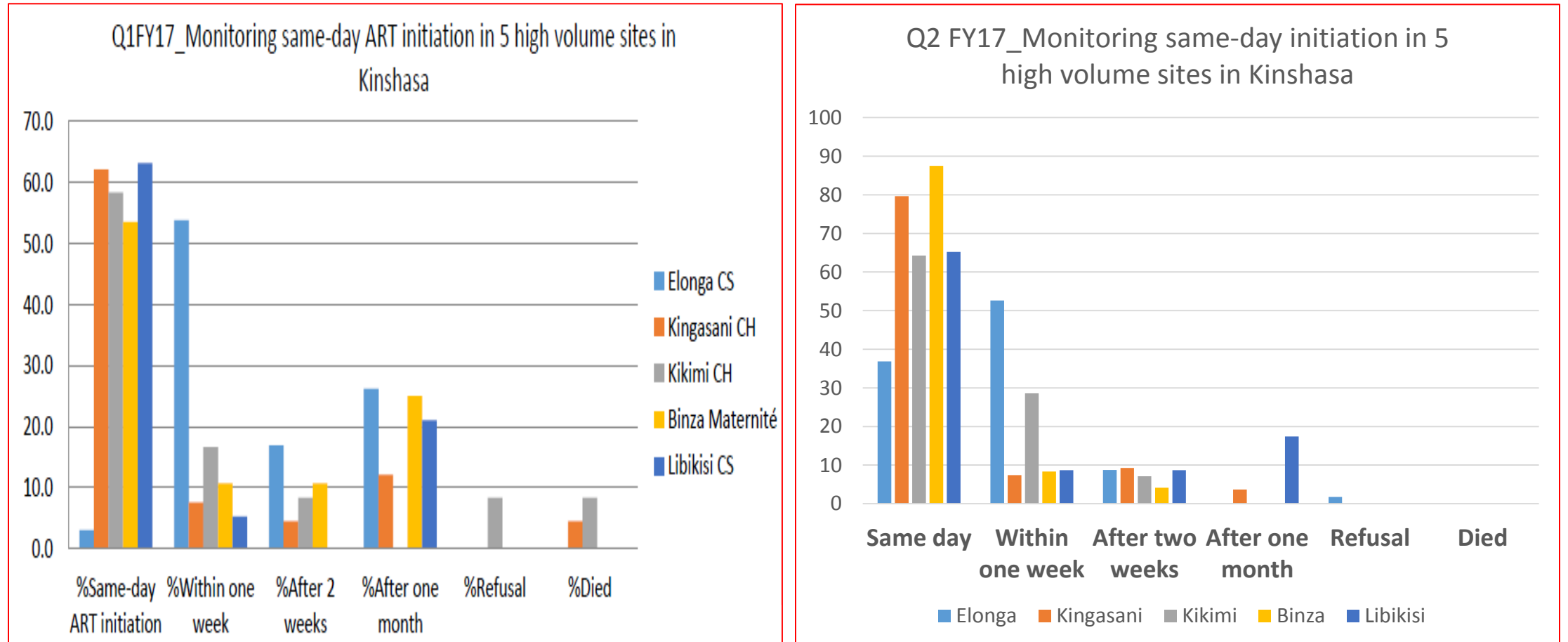
Ensure adequate access and capacity for initiations at facilities, included extended hours



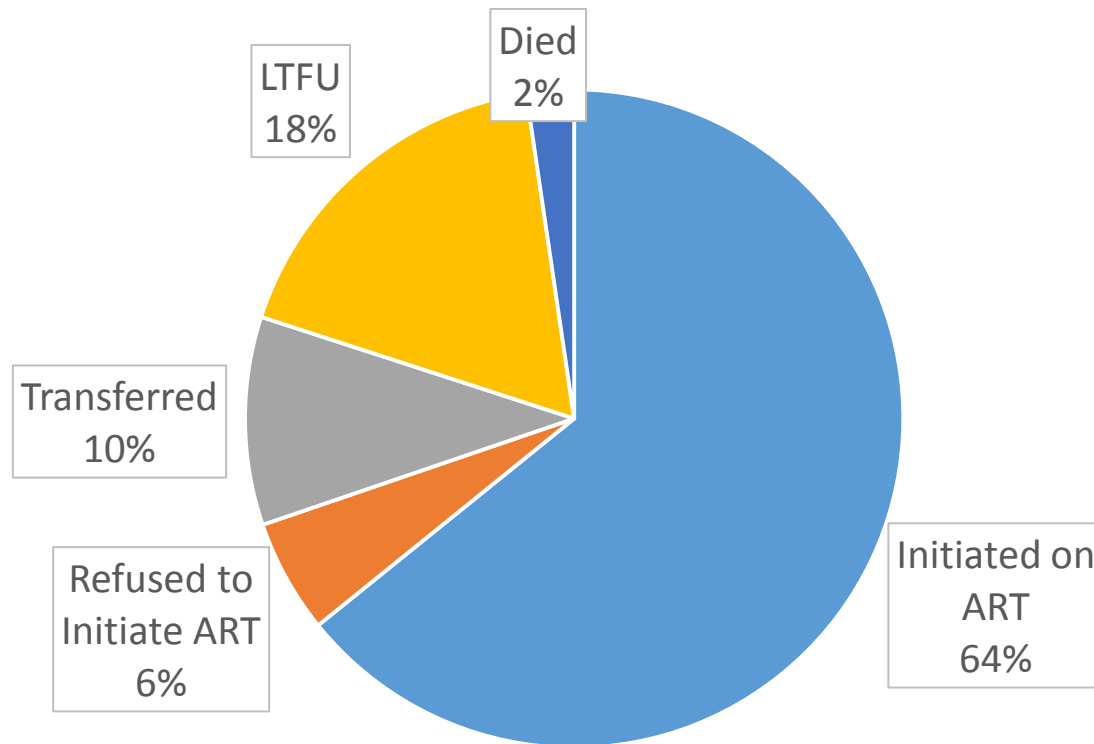
Improve patient tracking and identification of barriers to treatment

Increasing rates of same-day initiation

(5 high volume sites in Kinshasa,Q1 & Q2 FY17)



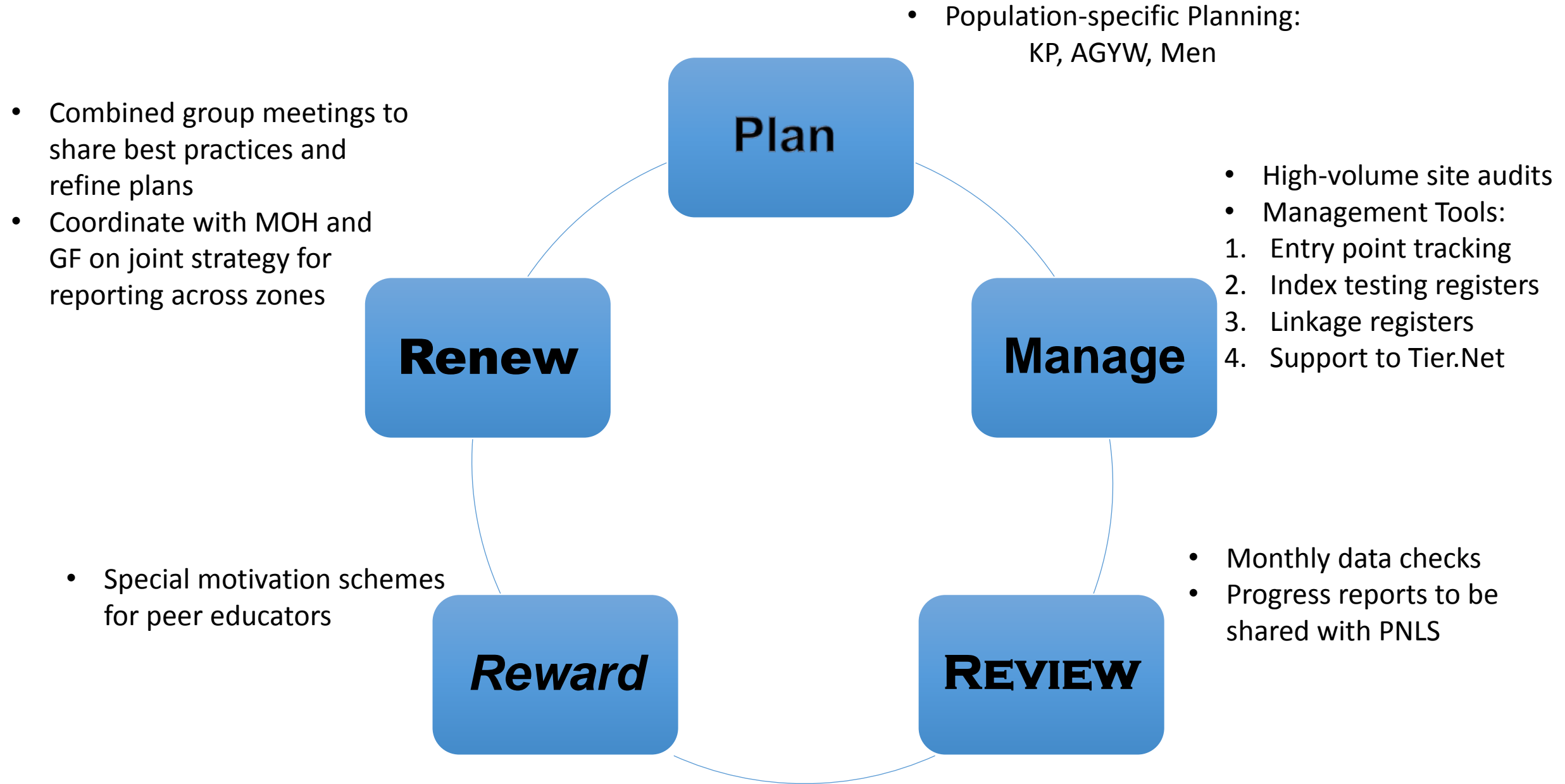
Single Partner Example: Finding PreART Patients and Initiating ART



- 215 patients tracked at 31 sites in Kinshasa
- 64% were initiated on ART
- Partners continuing to track and initiate at all sites to ensure that all PreART patients are initiated by end COP16

■ Initiated on ART ■ Refused to Initiate ART ■ Transferred ■ LTFU ■ Died

Partner Management – Kinshasa Intensification





Haut Katanga Strategy

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Haut Katanga retention strategy

Testing yields and linkage in Haut Katanga less problematic than Kinshasa, but need to focus on retaining all who are initiated on ART

FOCUS

- Focus on sites with higher rate of LTFU especially rural areas

STRENGTHEN

- Strengthen support of PODI+ and new service delivery models

SUPPORT

- Support high volume sites with Tier.Net to track patients

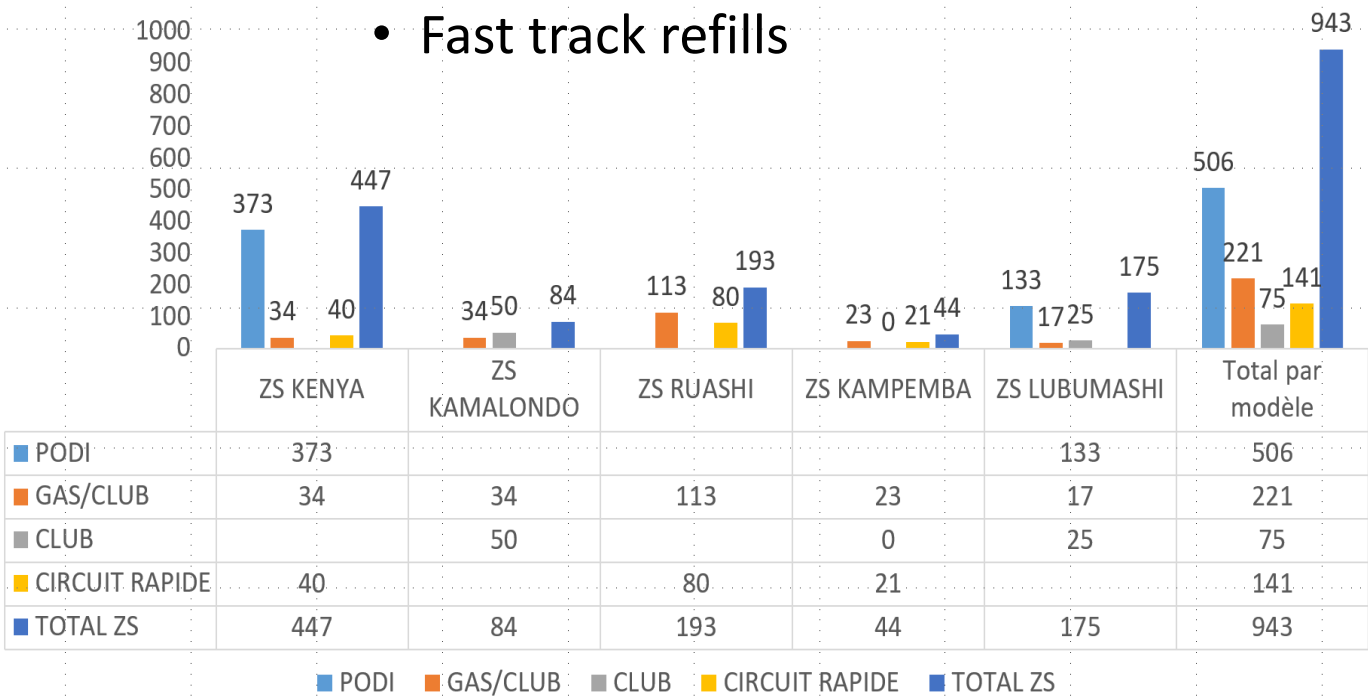
REVIEW

- More frequent data reviews with partners (monthly, weekly)

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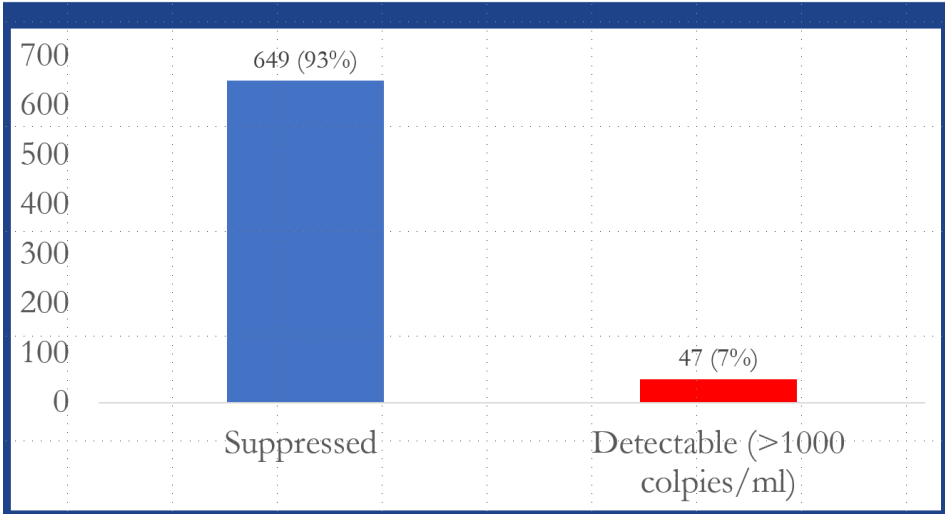
Scaling up patient-centered models to improve retention and viral suppression

- Differentiated Models of Care
 - PODI+, Clubs, Support Groups
 - Multi Month Dispensing
 - Fast track refills



Goal: Improve retention rate for new patients at 1 year from 69 % to 85 % and patients > 12 months to 90%

Overall VL Suppression of Patients on PODIs



Support & Supervision in Haut Katanga in COP16

- CDC
 - One full time staff based in Lubumbashi
 - Kinshasa-based CDC staff have conducted 7 trips, resulting in:
 - 66 sites visited
 - SIMS training conducted
 - 2 workshops conducted with IP
- USAID
 - 9 Kinshasa-based staff have conducted 14 trips, resulting in:
 - 105 sites visited
 - 126 person/days of coverage



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COP 2017 Strategy

Partnering with Civil Society & Stakeholders

- Initial meeting held with stakeholders, including CSOs and PNLS in early January
- Key issues raised by CSOs:
 - Focus on KPs, AGYW, & men
 - USG engaging CSOs as sub-partners, but not as direct IPs
 - PEPFAR reports /documents in English
- Key Agreements:
 - Joint site visits
 - Increase CSO capacity building



Partnering with Civil Society & Stakeholders cont...

Date	Meeting purpose
01/25/2017	PEPFAR/DRC shared with the HIV, TB, & Key Populations CSO networks: The COP17 development process, COP17 expectations from HIV, TB, & Key Population CSO networks, timelines for future steps.
03/14/2017	Discussed 2017 Q1 results
03/22/2017	COP17 SDS Draft-01 shared with CSOs
03/25/2017	COP17 SDS Draft-02 shared with CSOs
05/10/2017	Final COP17 SDS to be discussed (including CSO feedback) and next steps
08/29/2017	Quarterly CSO meeting with PEPFAR/DRC to explain Q3 results and engagement plan status

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Global Fund & PEPFAR/DRC collaboration

- Synergizing, focusing GF-PEPFAR investments for impact:
 - Rationalisation successfully completed
 - Eliminate duplication
 - All priority HZs nationally covered
 - New HIV/TB concept note in 2 months (not 2 years) as national strategy is now stronger.
 - Implementation is the common challenge
 - Seat at the table during grant making, leveraging COP strategy
- Deepening collaboration:
 - GF to replicate PEPFAR QoS best practices into national response
 - Joint program monitoring and strengthening in Kinshasa
 - SC: Joint quantification, forecasting, pooling of HIV commodities
- Joint investments
 - Supply chain: short and long term
 - Data and DHIS2 rollout
 - PODI and leveraging other innovations for raising VfM results

Annual Investment Profile by Donor and Program Area

Table 2.2.1 Annual Investment Profile by Program Area

Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country*	% Other*
Clinical care, treatment and support	\$78,891,378	32%	68%		
Community-based care, treatment, and support	\$2,758,125	91%	9%		
PMTCT	\$6,078,403	73%	27%		
HTS	\$5,540,501	78%	22%		
VMMC	-	-	-		
Priority population prevention	\$2,425,235	100%	0%		
Key population prevention	\$3,457,055	44%	56%		
OVC	\$2,943,571	100%	0%		
Laboratory	\$4,441,608	66%	34%		
SI, Surveys and Surveillance	\$7,539,028	28%	72%		
HSS	\$13,311,438	60%	40%		
Total	\$127,386,342				

* Not available

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COP17 targets

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Summary of COP 2017 Targets

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COP 17 Priority	COP 16					COP 17			
	# of SNUs	TX_New: APR 2016 Achieve- ment	TX_CURR: APR16 Achieve- ment	TX_New: FY 2017 Results to- date / FY 2017 Target	TX_CURR: FY 2017 Results to- date / FY 2017 Target	# of SNUs	TX_New: COP 2017 Target (APR 2018)	TX_CURR: COP 2017 Target (APR 2018)	Net New: COP 2017
TOTAL	48	15,738	46,114	48%	80%	49	31,774	89,535	43,421
Kinshasa	17	5099	18,992	29%	79%	17	12,210	34,652	15,660
Haut-Katanga	22	7,799	20,793	68%	80%	23	14,169	40,426	19,633
Lualaba	8	1,843	3,453	89%	91%	8	3,703	8,777	5,324
Military	1	997	2,876	47%	71%	1	1,692	5,680	2,804

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Summary of COP 2017 Targets

COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev
TOTAL	1,293,606	41,476	31,796	89,749	45,001	37,031	58,406
Kinshasa	688,221	16,307	12,210	34,652	22,746	20,256	2,350
Haut-Katanga	463,147	18,524	14,190	40,639	17,848	11,635	2,150
Lualaba	88,251	4,648	3,704	8,778	2,184	5,140	29,50
Military	53,987	1,997	1,692	5,680	2,223	--	50,966

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COP17 Strategies

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Addressing key issues in testing

Poor/ late reach of men

- **Index**
- **Coverage** TB & STI: 100%
- **Self-testing** for high risk
- **Integrated** men's health

Low yield at some entry points

- **Targeted** PITC with screening tool
- **Partner notification** services

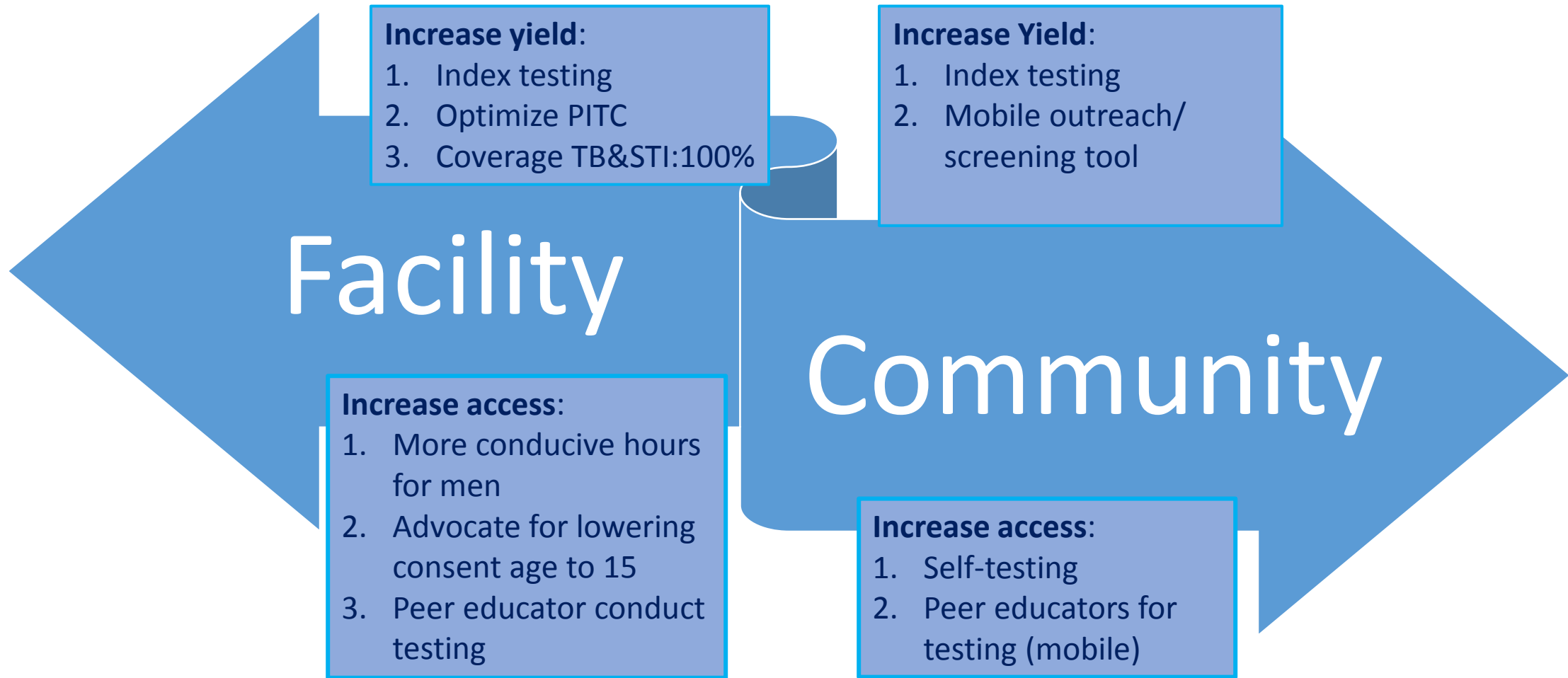
Poor reach of adolescents

- **Index**
- **Lower** age consent
- **Targeted** PITC including in OVC platform

Low yield in KP

- Sexual and social **network testing**
- **Mobile** testing
- **Self-testing**

Reaching the 1st 90 - Improving case finding



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Reaching the First 90 – Matching modalities to populations

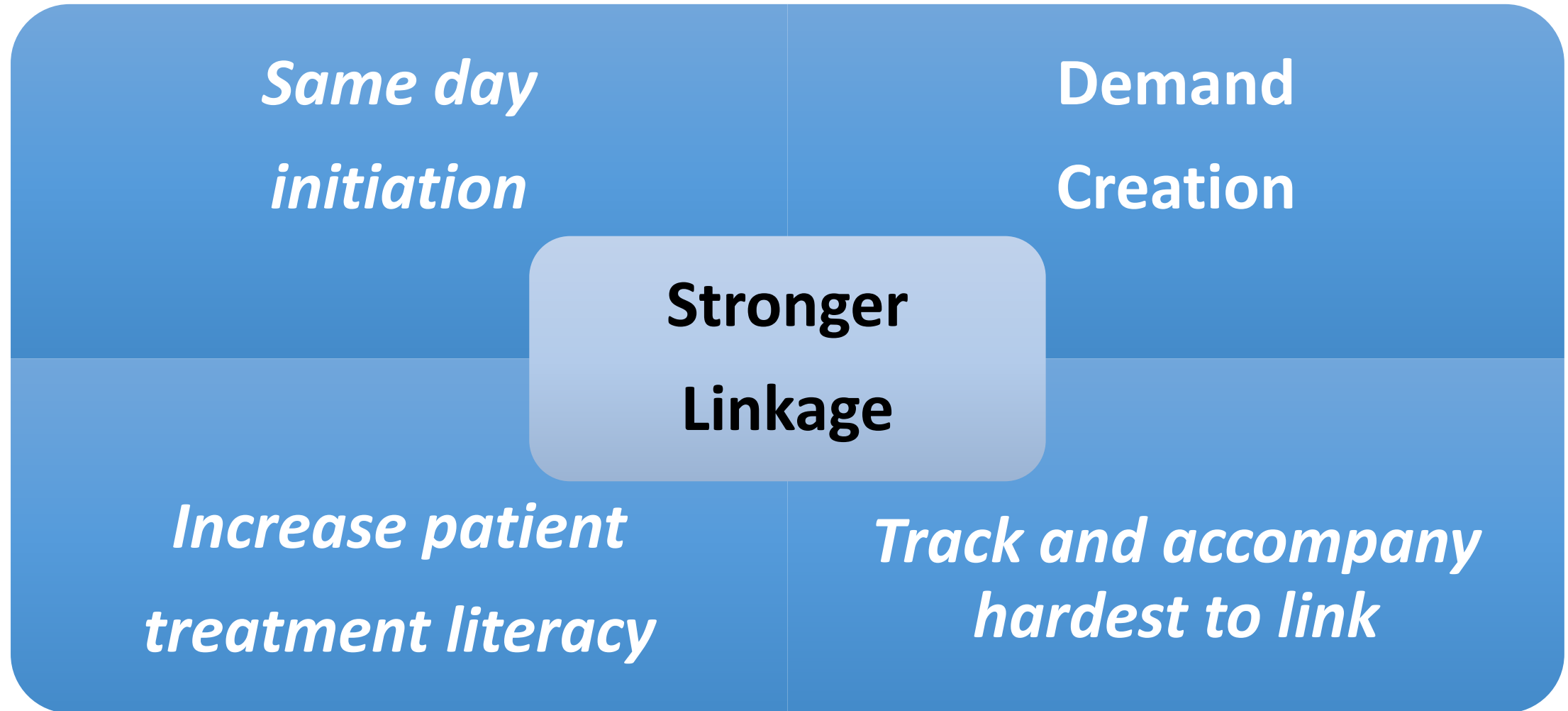
Populations	Enhancing Strategies
Adolescent Girls and Young women	<ul style="list-style-type: none">• Facility-based• Mobile testing• Index-based (community & facility)
Men	<ul style="list-style-type: none">• Facility based testing & Non-communicable diseases campaigns• Community-based<ul style="list-style-type: none">• Work place• Index-based (community & facility)
OVC	<ul style="list-style-type: none">• Community and facility-based testing for those meeting risk criteria
KP	<ul style="list-style-type: none">• Facility-based testing• Expansion of mobile testing• Social and sexual network testing• Self-testing
PP	<ul style="list-style-type: none">• Facility-based testing• Expansion of mobile testing• Sexual network testing

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Reaching the Second 90

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Reaching the Second 90



Treatment issues	Strategic approaches
<ul style="list-style-type: none"> Poor linkage among men, especially 25-49 	<ul style="list-style-type: none"> Strengthen the training of health care providers (facility and community) on adherence Integration of community workers (peer educators) both at facility and community Research and evaluation is needed to identify how gender roles and norms, including masculinity, act as barriers to testing and treatment.
<ul style="list-style-type: none"> Male TX_NEW declining (Q4-505, Q1-484, Q2-469) 	<ul style="list-style-type: none"> Workplaces: Promote and support HIV testing and treatment in the workplaces and other settings (i.e church) where men congregate. Social : Construct outreach and media campaigns targeting men to increase uptake of HIV/ AIDS testing and treatment, e.g. Male-Focussed Health Days
<ul style="list-style-type: none"> Late initiation of men 50+ 	<ul style="list-style-type: none"> Promote HIV testing during NCD consultation, Index partner testing, workplace testing to enroll men earlier Clinics have flexible hours for men to increase HIV testing
<ul style="list-style-type: none"> Low growth in TX_CURR from FY17 Q2 	<ul style="list-style-type: none"> Improve retention (Patient tracking, expanding differentiated model of care...)

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Reaching the Third 90 – VL scale up

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COP17 Direction for Viral Load Testing

DEMAND CREATION

National Strategy
ART Client Tracking System

UNINTERRUPTED TESTING

Lab Procurement System
Early Warning Indicators

ACCESS AND TAT

Sample Transport System
DBS

QUALITY TESTING

VL Scorecard
SLMTA

RESULT RETURN

SMS and Email

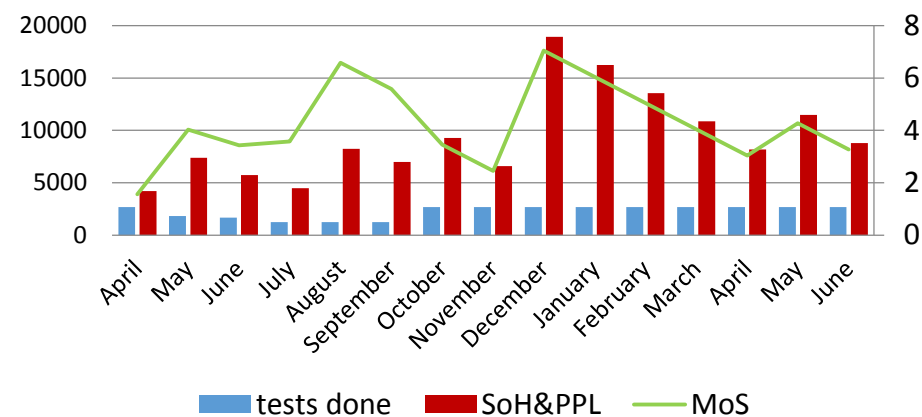
M&E

Electronic Sample Management
System
VL Dashboard

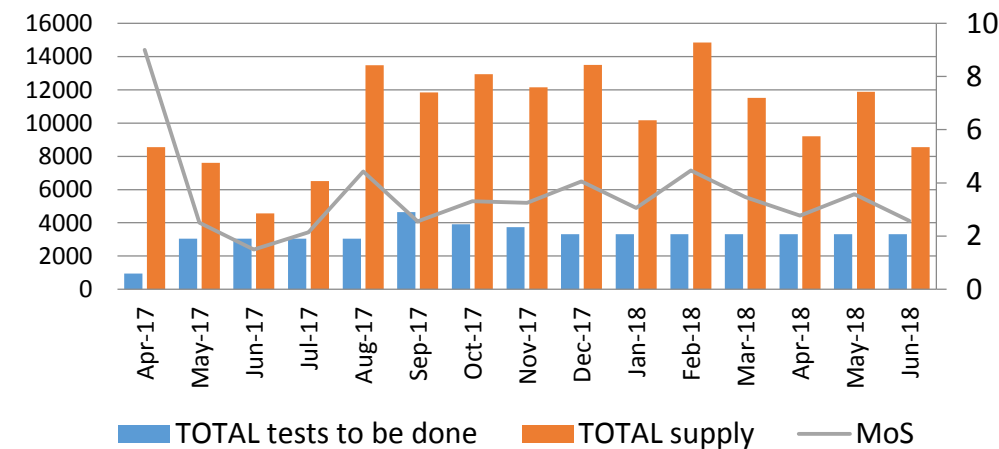
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VL and EID stock monitoring in place

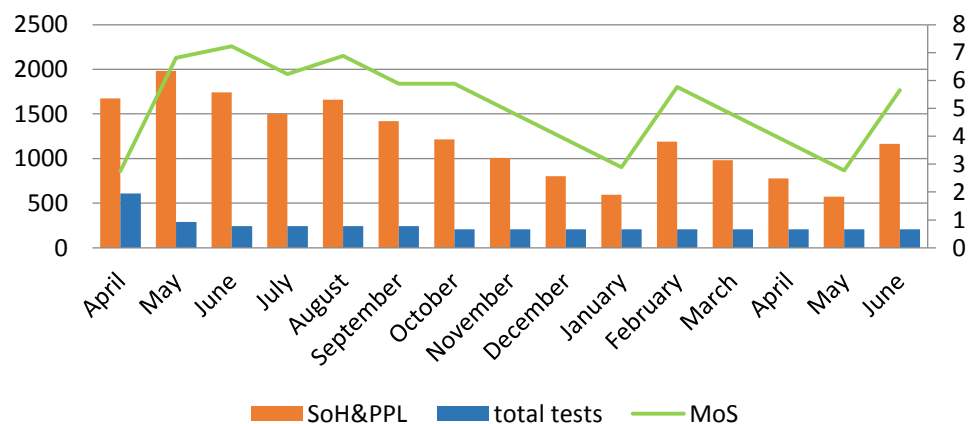
Kinshasa - VL Stock Monitoring



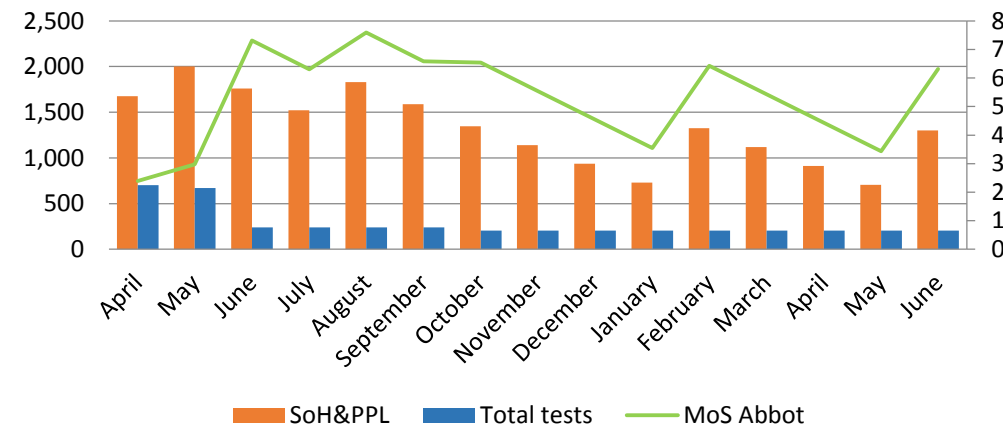
Katanga - VL Stock Monitoring



Kinshasa - EID Stock Monitoring



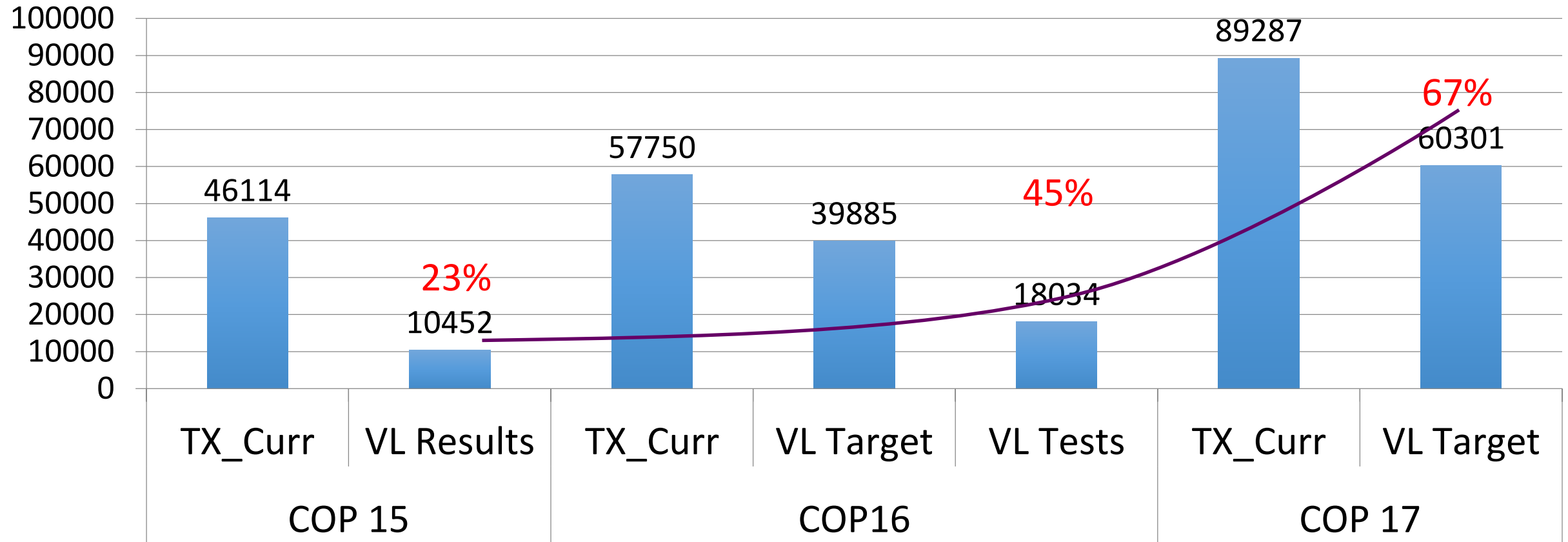
Katanga - EID Stock Monitoring



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VL Coverage – COP15, COP16 (SAPR), COP17

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

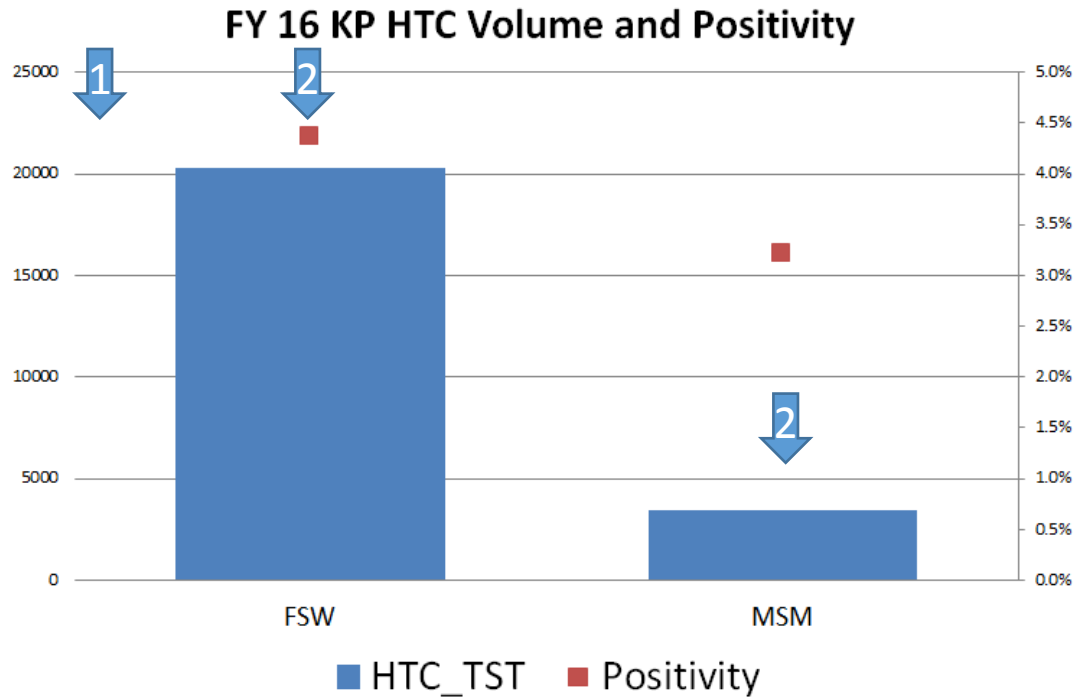


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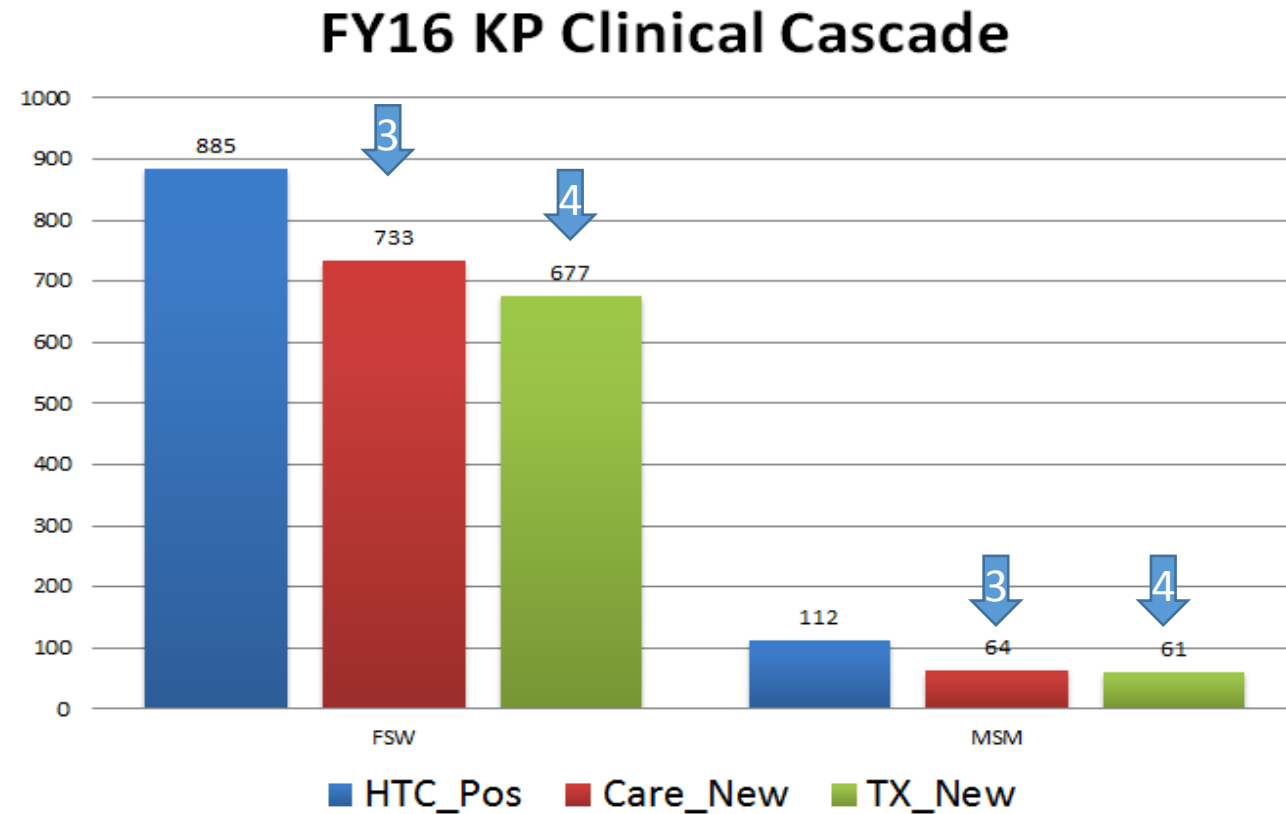
Strategies for Key Pops

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Key Populations: Leakage along the cascade



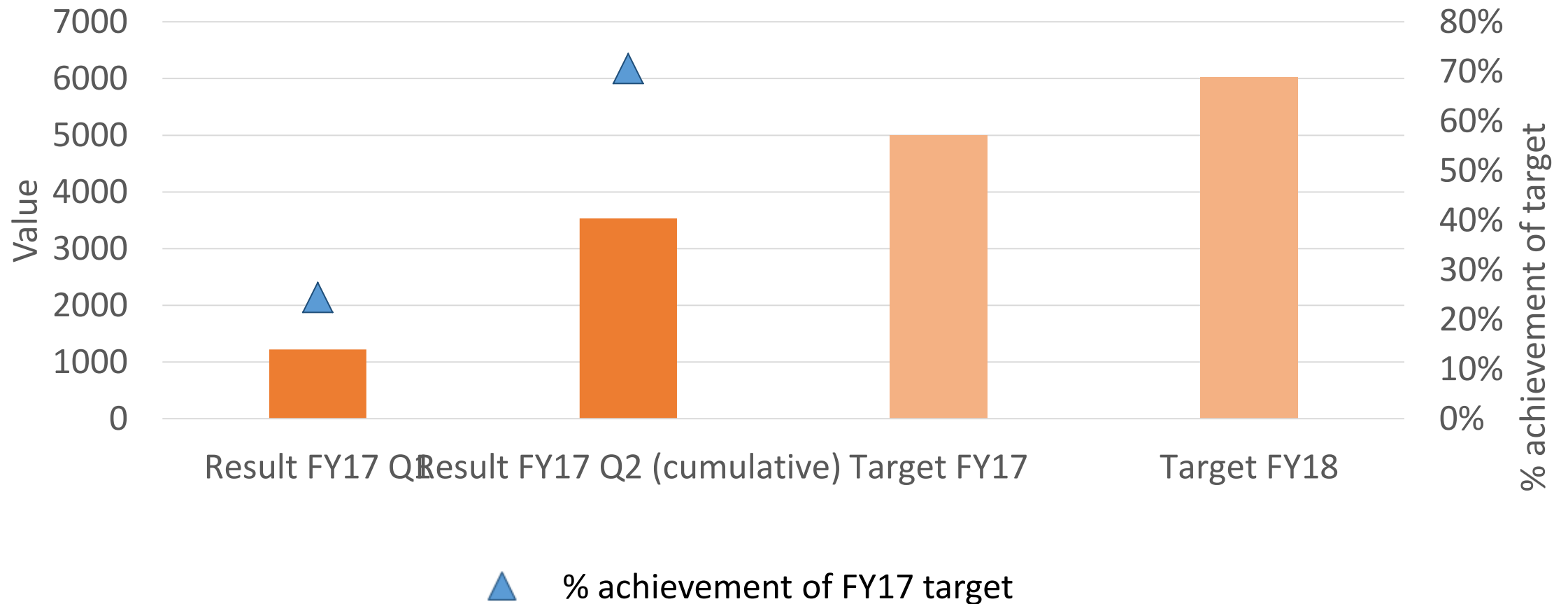
- 1) Coverage?
- 2) Barrier to testing
- 3)&4) Low uptake of ART services and adherence



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Reaching more MSM with HIV testing in COP17

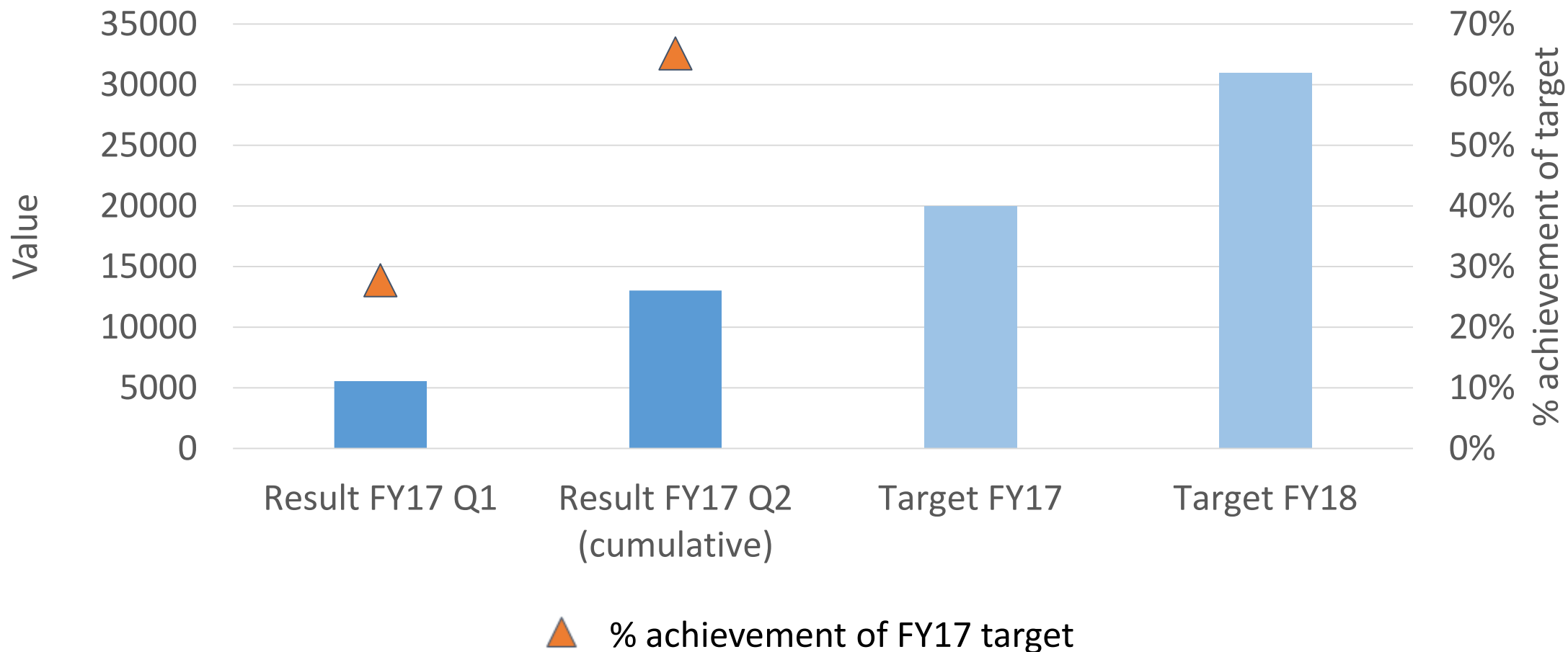
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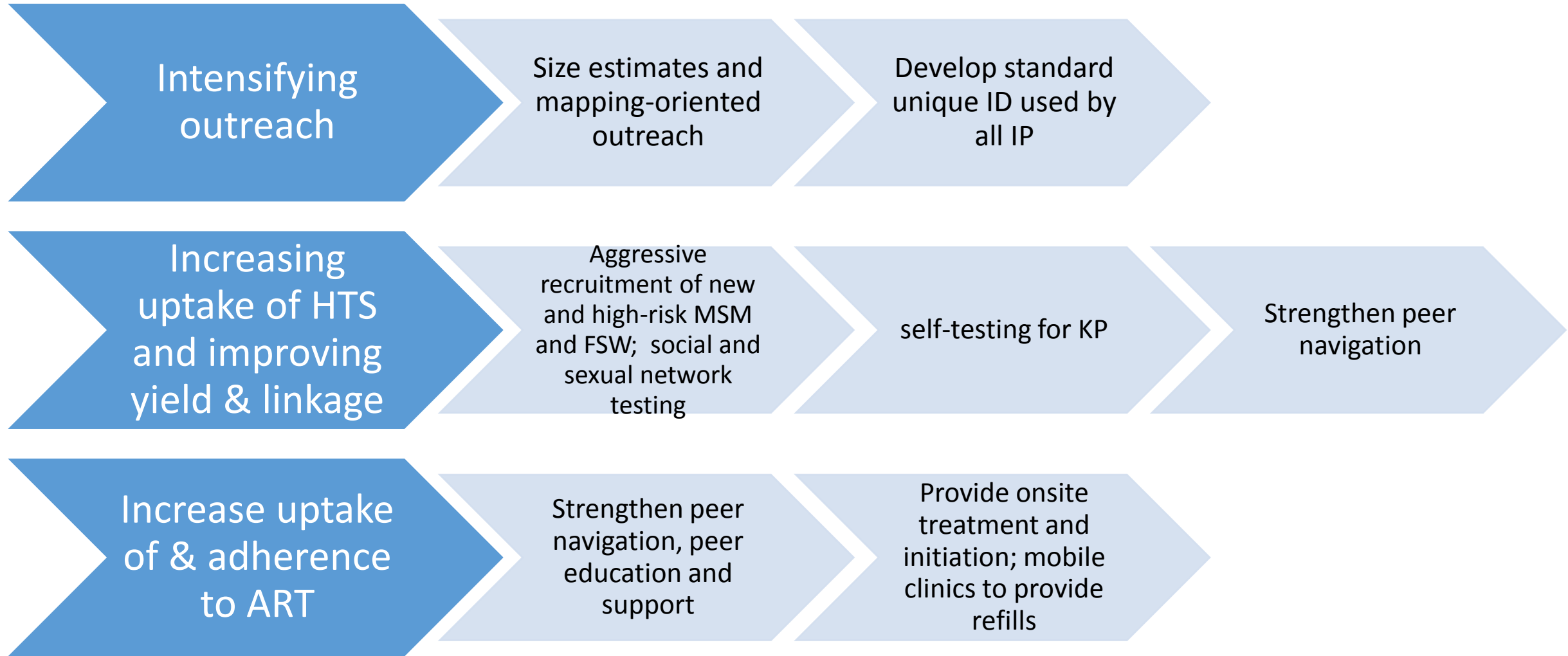
Reaching more FSW with HIV testing in COP17

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.



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Addressing Leakages in the KP Cascade



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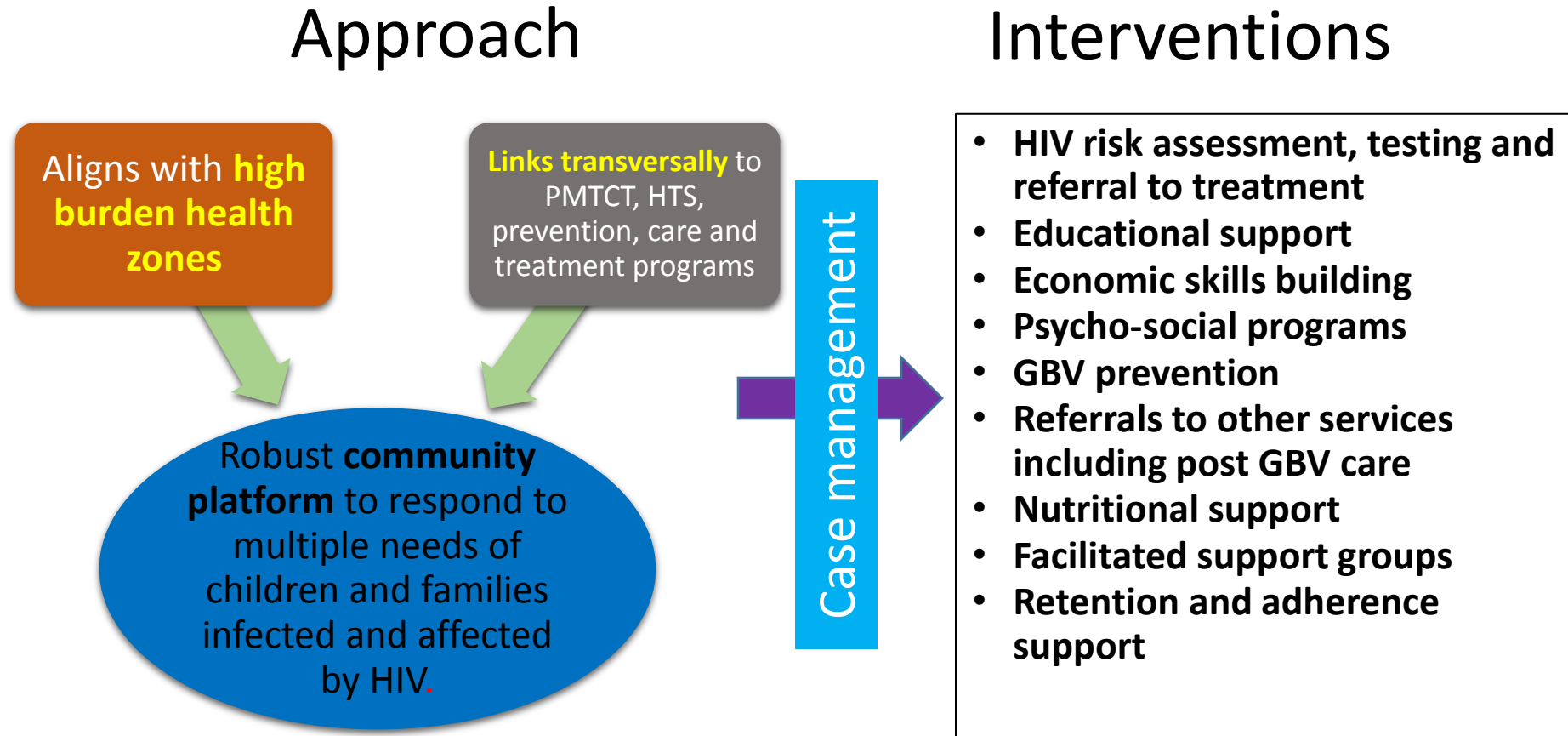
Strategies for OVCs

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DRC OVC Strategy

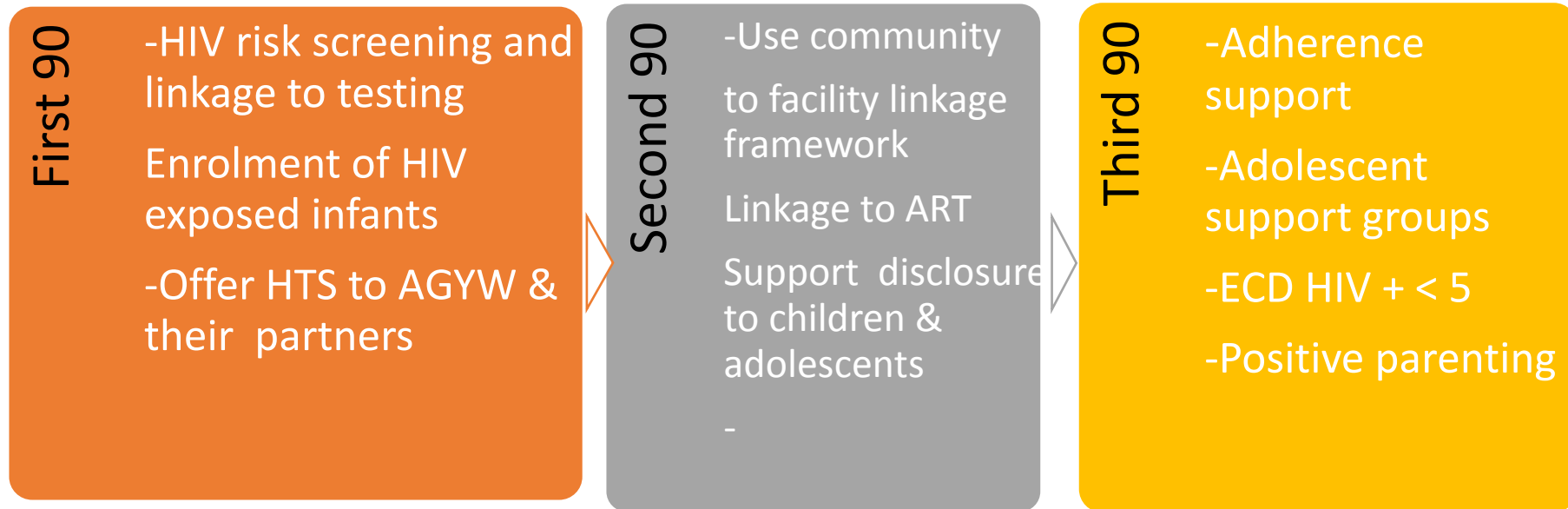
- **Rationalization** of OVC service delivery by agency and health zone
- Phased **expansion** of OVC program to additional health zones
- **90-90-90** directed strategy to address major program challenges
- Mixed enrollment strategy to target ‘**most vulnerable OVCs**’ from clinical and community entry points
- Targeting **AGYW enrollment**
- USG partners provide **harmonized** package of services

Approach and package of services



OVC program contribution to epidemic control: 90 – 90 - 90

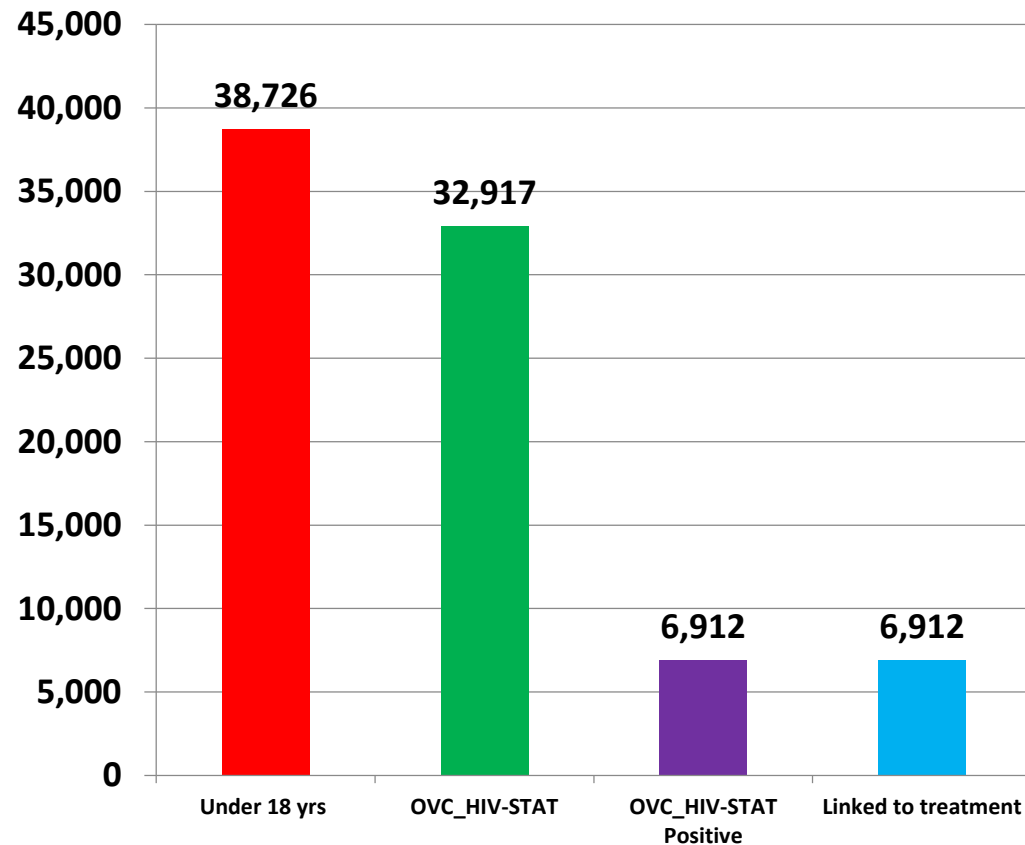
Prevention → School progression, parenting skills, adolescent HIV and GBV risk awareness/avoidance and risk reduction



Cross cutting – Case management, household economic strengthening, nutritional assessments, education and referrals, clinic accompaniment

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COP 2017: OVC <18 target cascade and priority populations



Priority populations:

Adolescent girls at risk of HIV

HIV exposed infants,
HIV infected children and adolescents,
children/adolescents of positive parents.
Children in need of child protection services

Expand support package for girls 10-17 years (positive parenting; primary school completion; secondary school enrollment and progression; risk reduction; violence prevention and response)

Economic empowerment for adolescent OVC

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OVC GBV Activities

Educate caregivers & adolescents:

1. To reduce child abuse & risk of sexual violence in the household
2. To improve gender equality & communication between couples

Training of Case Managers:

1. To recognize signs of abuse
2. To use protocols to respond to GBV
3. To refer to post GBV care
4. To prevent GBV using BCC strategy

Training of Community Health Workers:

1. Prevent GBV in household using BCC strategy
2. Identify & closely follow up household with risk of GBV
3. Appropriately refer victims for GBV care, social support and Justice

```
graph TD; A[Green Box] --> D((Prevent GBV and Mitigate its impact on victims)); B[Pink Box] --> D; C[Blue Box] --> D;
```

Prevent GBV and Mitigate its impact on victims

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HIV risk avoidance activities for 9-14 year old girls

FY 17: Training of Case Managers

1. HIV education
2. Counseling skills
3. Identification of high risk groups
4. Prevention & risk avoidance in the family

FY 17 & 18: Home visits & peer groups meetings

1. Inform adolescent on availability of friendly health services
2. Refer them appropriately
3. Provide basic message on HIV
5. Provide strategies to prevent infection

FY 18: Parenting session & peer group meetings

1. Deliver key messages on HIV:
 - Mode of transmission
 - Prevention
 - Risk Mitigation

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Above Site Investments

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Table 6: Strategic Alignment

Treat All	<ul style="list-style-type: none">• Systems and policies support strategic implementation of Treat All: Ensure timely commodity delivery, optimized stock management, and accurate data to inform quantification in PEPFAR supported health zones.
Strategic Information	<ul style="list-style-type: none">• Expand and optimize the use of the MESI (program level database) and Tier.net (EMR) platforms; harmonizing and consolidating with DHIS-2 platform
Access to Viral Load	<ul style="list-style-type: none">• 75% of patients on ART have at least one viral load result per year.• 95% of testing points are enrolled in the national PT DTS and have achieved successful score.• 90% of all HIV exposed infants are tested at 4-6 weeks of age using DNA PCR or POC
TB-HIV Integration	<ul style="list-style-type: none">• 100% of HZ supported by PEPFAR use HIV/TB tools and registers.

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Table 6. Aligning PEPFAR above site investments to complement other donors and engage CSOs



Global Fund: Shared support to molecular laboratories, support to TB program



GDRCC (PNLS/LNRS and PNT): facilitate joint supply planning, ensure availability of personnel at molecular lab and TB/HIV facilities



Civil society: engagement to increase demand creation and patient literacy on Treat All and viral load monitoring

Commodity investments aligned with rationalization

Table 2.2.2 Annual Procurement Profile for Key Commodities

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country*	% Other*
ARVs	\$35,860,530	28%	72%		
Rapid test kits	\$6,384,208	18%	82%		
Other drugs	\$1,168,020	64%	36%		
Lab reagents	\$6,343,270	14%	86%		
Condoms	\$260.721**		100%		
Viral Load commodities	\$4,553,793	20%	80%		
VMMC kits	-	-	-		
MAT	-	-	-		
Other commodities	-	-	-		
Total	\$54,570,542				

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Supply Chain Interventions in Support of the Three 90s

First 90: Testing

Procure and deliver adequate volumes of testing commodities:

- HIV Rapid test kits;
- EID reagents;
- other Lab consumables

Second 90: Initiation on ART

- Readiness Assessment of community-based distribution ARVs
- Supply chain adjustments in preparation for roll-out of differentiated care model for stable and unstable patients
- Supply of LPV/r pellets for peds

Third 90: VL suppression

- Availability of VL tests reagents
- Blood sample transportation system for VL
- Updating Logistics management information system to include VL data requirements

- **Computer-based inventory management**
 - **Data analytics and visibility**
 - **Coordination among stakeholders**
 - **Rigorous monitoring of supply plan**

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COP 16 Commodity Budget

SUMMARY COST COP16				
	Katanga	Kinshasa	Buffer @ 10%	Total
ARVs	\$3,614,797	\$3,380,246	\$349,752	\$7,344,795
CTX				\$523,792
OT Drugs				\$60,000
HRTK	\$288,739	\$434,899		\$723,637
VL				\$703,683
EID				\$330,000
CD4				\$133,534
Hemoglobin				\$15,609
Creatinin				\$17,071
GenExpert Reagent				\$200,000
	\$3,903,536	\$3,815,145		\$9,852,121
		F&L @ 20%		\$1,763,688
		Warehousing @ 3%		\$705,475
		Distribution @ 1%		\$98,521
Total Commodities				\$12,419,804

*This budget does not include funds for provision of TA for supply chain

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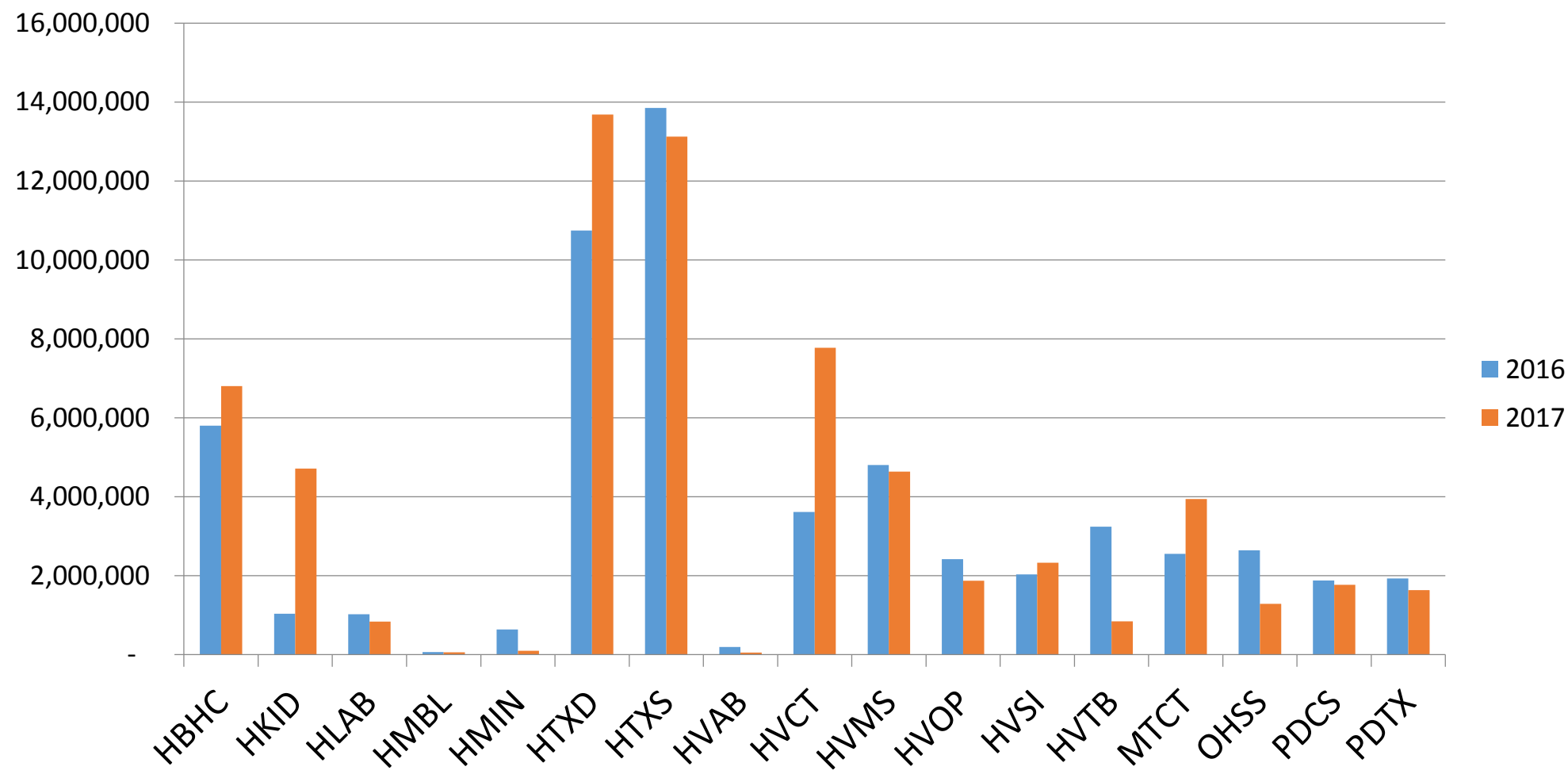
COP 17 Commodity Budget

Category	Item description ItemsList	Quantity	Unit price	Inclusive unit cost	\$	17,738,297
Adult 1st line	TDF/3TC/EFV (TLE)	778,232	\$ 7.40	\$ 9.62	\$	7,486,592
Adult 2nd line	LPV/r + TDF/3TC	43,115	\$ 24.15	\$ 31.40	\$	1,353,595
Pediatrics ARVs	ABC/3TC+EFV	81,440	\$ 13.30	\$ 17.29	\$	1,408,098
Adult 1st line	AZT/3TC/NVP	40,960		\$ 9.62	\$	394,035
Pediatrics ARVs	ABC+3TC+LPV/r for peds <3	9,581	\$ 42.40	\$ 55.12	\$	528,105
Essential Meds	CTX adult @ 90%	67,260		\$ 9.13	\$	614,084
Essential Meds	CTX child @ 10%	287,085	\$ 0.63	\$ 0.82	\$	235,123
Essential Meds	OI drugs @5% adults	33,159	\$ 16.37	\$ 21.28	\$	705,657
RTKs	Determine HIV 1/2	1,227,236	\$ 0.80	\$ 0.96	\$	1,178,147
RTKs	Vikia HIV 1/2 Adjusted for 25/pack	41,311	\$ 1.08	\$ 1.30	\$	53,540
RTKs	Unigold	41,311	\$ 1.60	\$ 1.92	\$	79,318
Lab - VL	VL including ancillaries and DBS	79,130		\$ 29.19	\$	2,309,807
Lab - Other	EID	5,061	composite price	\$ 25.94	\$	131,282
Adult 1st line	Buffer	116,896		\$ 9.62	\$	1,124,540
Lab - Other	hemoglobin creatinin	8,460	composite price	\$ 4.33	\$	36,632
Lab - Other	GeneXpert MDR TB Reagent	381		\$ 65.00	\$	24,765
Pediatrics ARVs	ABC/3TC+LPV/r	4,791	\$ 12.04	\$ 15.65	\$	74,979

*This budget does not include funds for provision of TA for supply chain

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COP 2016 vs COP 2017 Budget Code Totals



source Facts info :
standard COP matrix

COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	\$2,886,035	\$539,000	\$3,425,035
HHS/CDC	\$22,251,039	\$3,227,462	\$25,478,501
HHS/HRSA	\$0	\$0	\$0
Peace Corps	\$0	\$0	\$0
State	\$1,248,044	\$451,957	\$1,700,001
USAID	\$39,110,274	\$1,964,000	\$41,074,274
Total	\$65,495,392	\$6,182,419	\$71,677,811

- COP17 Minimum Pipeline Requirement: \$6,182,419

Required pipeline has been applied

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COP17 Earmark Allocations

- New FY 2017 funds allocated to care and treatment: \$40,387,379
 - COP17 requirement: \$40,327,166
- New FY 2017 funds allocated to OVC: \$4,600,000
 - COP17 requirement: \$ 1,040,637
- New FY 2017 funds allocated to water: \$100,000
 - COP17 requirement: \$ 100,000
- New FY 2017 funds allocated to GBV: \$450,000
 - COP17 requirement: \$ 450,000

**All required
earmark allocations
have been met**

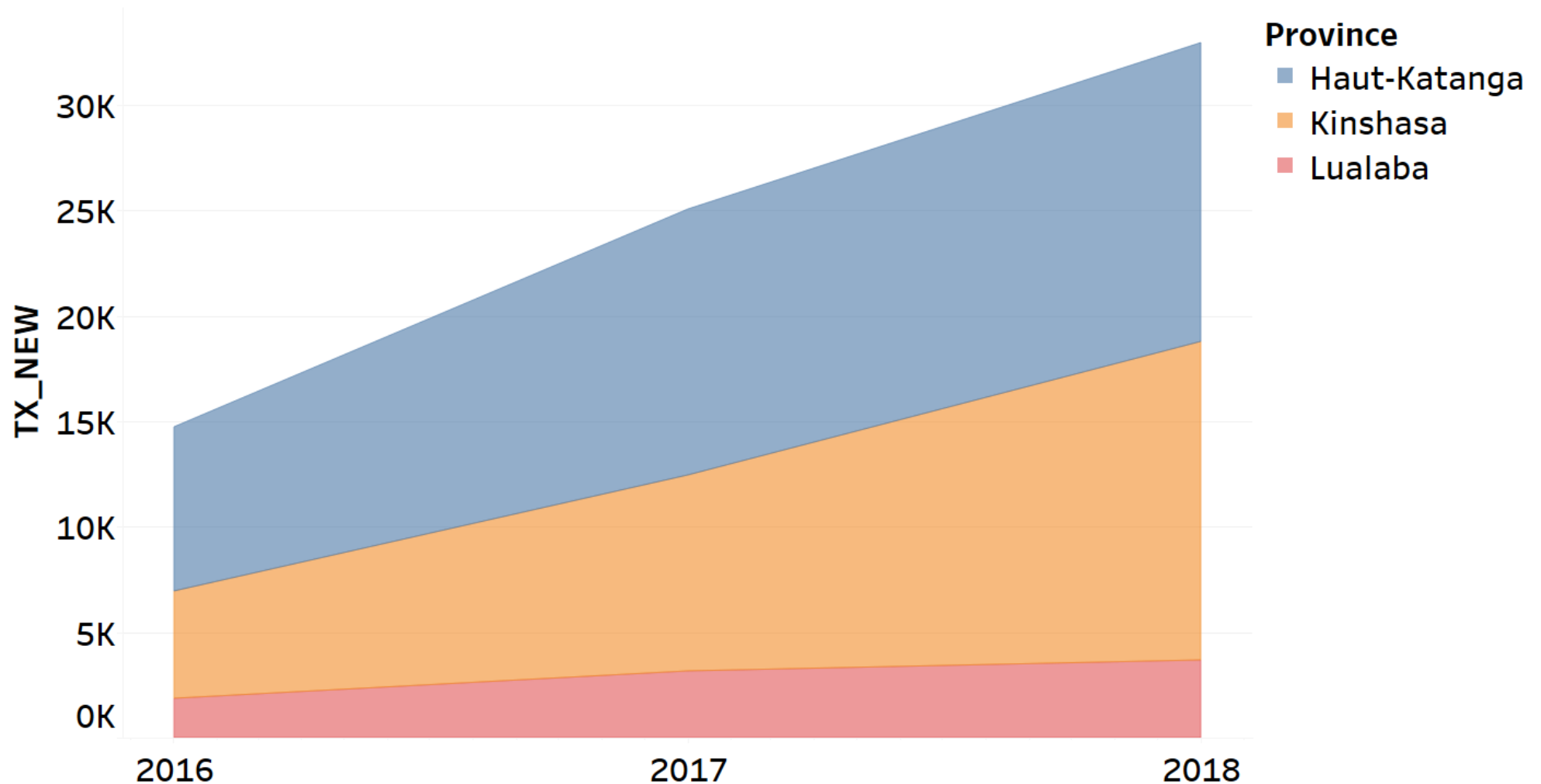
Final Balanced PBAC for COP17

SUMMARY											
PEPFAR Budget Code	Budget Code Description	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	M&O Applied Pipeline	New
CIRC	Male Circumcision	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
HBHC	Adult Care and Support	\$2,339,096	\$1,591,495	\$200,644	\$1,181,937	\$1,274,270	\$219,454	\$6,806,896	\$0		\$6,806,896
HKID	Orphans and Vulnerable Children	\$3,301,944	\$0	\$317,073	\$0	\$1,430,983	\$113,725	\$5,163,725	\$450,000		\$4,713,725
HLAB	Lab	\$0	\$0	\$711,772	\$118,704	\$330,024	\$265,543	\$1,426,043	\$585,402		\$840,641
HTXS	Adult Treatment	\$6,549,470	\$2,105,270	\$154,125	\$1,368,127	\$2,727,269	\$223,530	\$13,127,792	\$0		\$13,127,792
HTXD	ARV Drugs	\$0	\$12,369,943	\$0	\$1,121,720	\$124,636	\$69,739	\$13,686,038	\$0		\$13,686,038
HVCT	Counseling and Testing	\$4,789,114	\$874,003	\$55,500	\$623,179	\$1,895,412	\$143,758	\$8,380,966	\$602,733		\$7,778,233
HVMS	Management & Operations	\$0	\$0	\$0	\$0	\$0	\$6,262,073	\$6,262,073	\$1,625,074	\$1,625,074	\$4,636,999
HVOP	Other Sexual Prevention	\$1,757,467	\$0	\$74,800	\$565,676	\$863,778	\$129,521	\$3,391,242	\$1,514,662		\$1,876,580
HVSI	Strategic Information	\$0	\$0	\$2,301,988	\$161,490	\$201,522	\$426,295	\$3,091,295	\$760,000		\$2,331,295
HVTB	TB/HIV Care	\$524,396	\$0	\$0	\$5,308	\$185,362	\$131,813	\$846,880	\$0		\$846,880
IDUP	Injecting and Non-Injecting Drug Use	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
MTCT	Mother to Child Transmission	\$2,417,050	\$437,001	\$0	\$41,045	\$851,682	\$194,178	\$3,940,956	\$0		\$3,940,956
OHSS	Health Systems Strengthening	\$0	\$0	\$911,709	\$337,873	\$448,212	\$216,809	\$1,914,603	\$624,548		\$1,290,055
PDCS	Pediatric Care and Support	\$282,884	\$335,819	\$355,562	\$411,550	\$256,940	\$125,640	\$1,768,395	\$0		\$1,768,395
PDTX	Pediatric Treatment	\$792,075	\$0	\$0	\$323,389	\$391,713	\$131,100	\$1,638,278	\$0		\$1,638,278
HMBL	Blood Safety	\$0	\$0	\$0	\$0	\$0	\$57,851	\$57,851	\$0		\$57,851
HMIN	Injection Safety	\$0	\$0	\$0	\$44,040	\$15,960	\$59,324	\$119,324	\$20,000		\$99,324
HVAB	Abstinence/Be Faithful	\$40,315	\$0	\$0	\$0	\$15,137	\$0	\$55,451	\$0		\$55,451
TOTAL		\$22,793,812	\$17,713,532	\$5,083,172	\$6,304,038	\$11,012,901	\$8,770,353	\$71,677,809	\$6,182,419		\$65,495,390

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GOAL: Rapidly improve ART coverage for PLHIV in DRC

Growth in TX_NEW: FY16APR, FY17 expected, FY18 target



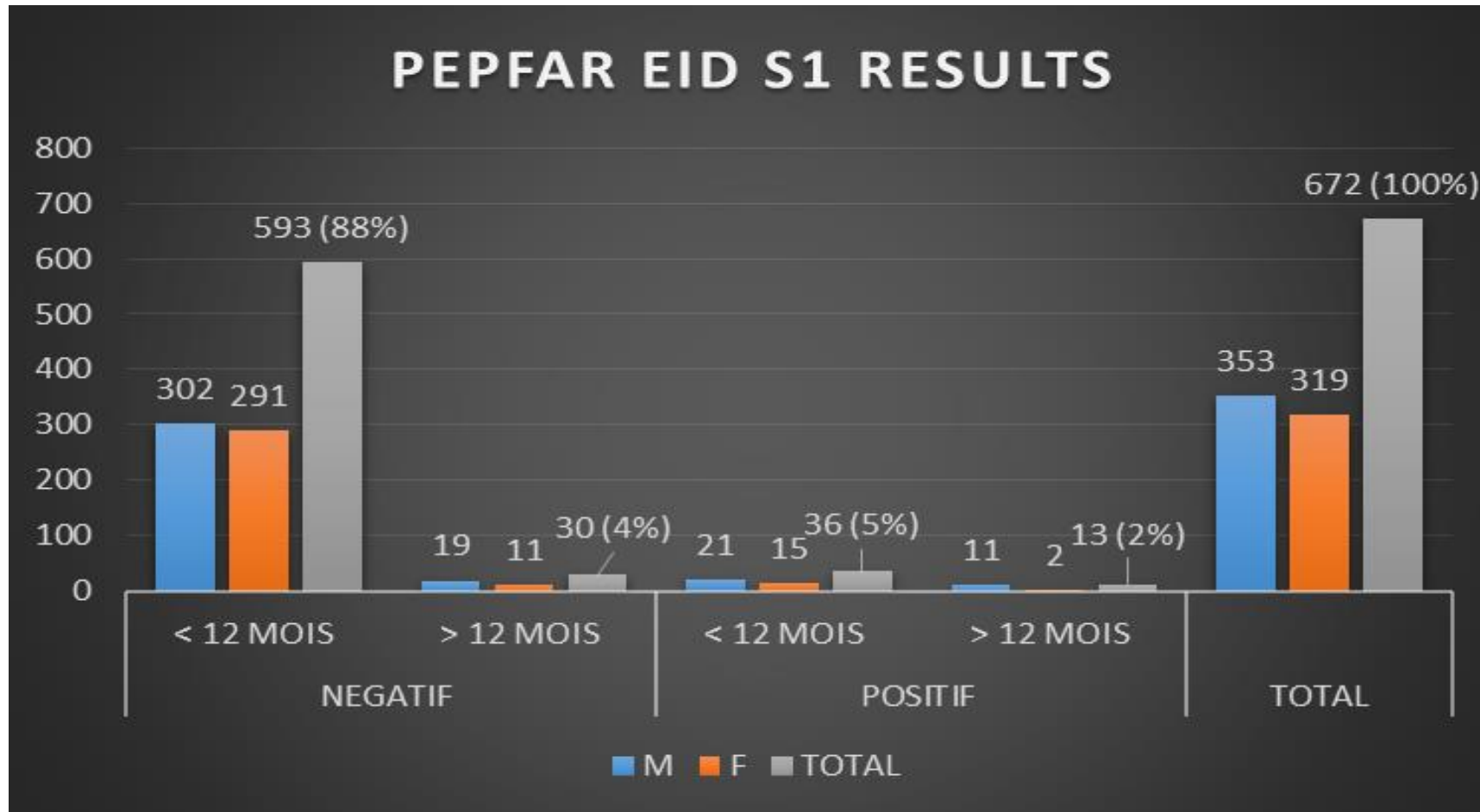
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Matondo Mingi Merci Beacoup Thank You!

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Q1 and Q2 EID results



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